Media Release & Consent Form

I, **_____**, hereby grant **_____** ("Photographer/Videographer") permission to photograph and/or record me on **_____ (date)** at **_____ (location)**.

I understand these photos and videos may be used for:

- Social media
- Websites
- Promotions
- Advertising
- Broadcast / streaming
- Marketing materials
- Any lawful purpose

I waive any right to inspect or approve the finished content and understand I will receive **no compensation**.

I release and hold harmless the Photographer/Videographer from any claims, demands, or liabilities related to the use of these images or recordings.

I confirm I am **18 years of age or older** (or a parent/legal guardian if signing for a minor).

Signature: _____
Printed Name: _____
Phone / Email: _____
Date: _____

I am the parent/legal guardian of the minor named above and consent to their participation.

Parent/Guardian Signature: _____