

PHOTOGRAPHY CONSENT WAIVER

(Including Child Permission)

I, [Full Name], hereby grant permission to
[Company/Organization] to take photographs and/or video recordings of myself and/or my child/children, named:
1. Child's Full Name:
Age:
1. Child's Full Name:
Age:
I understand that the photographs and/or video recordings may be used in various publications, press releases,
promotional materials, social media, and other related endeavors to further the mission of the
Company/Organization. These may include, but are not limited to, brochures, presentations, websites, and social media platforms.
I hereby waive any rights to inspect or approve the finished products where my image or my child's image appears. I also release the Company/Organization and its agents or employees from any and all claims or damages arising from the use of the photographs and/or video recordings, including claims for invasion of privacy or defamation.
I understand and agree that the photographs and/or video recordings may be retained for archival purposes. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.
This agreement is binding upon me, my child/children mentioned above, our heirs, legal representatives, and assigns.
Signature:
Printed Full Name:
Date:
Parent/Guardian Signature:
Printed Full Name:
Date:
Parent/Guardian Signature:
Printed Full Name:
Date:

This waiver is valid for 1 year after date signed.