**Your Name or Organization**

PHOTO RELEASE FORM

I hereby grant permission to *(your organization’s name)* to use photographs and/or video of me taken on *(date)* at *(location)* in publications, news releases, online, and in other communications related to the mission of *(your name or organization’s name).*

(Signature of Adult, or Guardian of Children under age 18)

Name

Address

Phone (day) (evening)

Email Address (optional)

**Thank you!**