

## Photo Consent and Release Form (under 18)

Minor Child's Name:

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Parent(s):

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Phone: \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ I **DO** grant permission for my child's picture to be taken by \_\_\_\_\_  
(photographer)

and shared on \_\_\_\_\_ (website), with the  
understanding that his/her name will not be used with the photo nor will she/he be  
identified in any other way.

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Parent/Legal Guardian Name (PRINT)

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Parent/Legal Guardian Signature

Date: \_\_\_\_\_