

Consent Form for Minor Child's Photography

Date: _____

To Whom It May Concern,

I, **[Parent/Guardian Name]**, am the parent or legal guardian of **[Child's Full Name]**, born on **[Child's Date of Birth]**.

I hereby give my consent for photographs and/or videos of my child to be taken and used by **[Photographer's Name/Organization]** for the purpose of: **[Specify Purpose, e.g., promotional materials, social media, etc.]**.

I understand that these images may be published in various media including but not limited to websites, brochures, and other promotional materials.

I acknowledge that I will not receive any financial compensation for the use of these images.

Please sign below to indicate your agreement:

Signature of Parent/Guardian

Print Name of Parent/Guardian

Contact Information

Thank you for your cooperation.