

## MEDIA CONSENT FORM For Photo and Video

I, [Name of Participant or Parent/Guardian if the participant is under 18 years old], give my consent to [Name of Organization/Individual] to take photographs and/or videos of me during [Name of Event/Activity]. I understand that these photographs and/or videos may be used for promotional, educational, or informational purposes by [Name of Organization/Individual].

I agree that [Name of Organization/Individual] may use these photographs and/or videos without further notification to me and I waive any rights I may have to inspect or approve the finished product.

I understand that the photographs and/or videos may be used in a variety of formats, including print, electronic, and online media, and that they may be used with or without accompanying text. I also understand that [Name of Organization/Individual] may choose to crop or modify the photographs and/or videos.

I agree that [Name of Organization/Individual] may use my name in connection with the photographs and/or videos.

I acknowledge that I will not receive any compensation for the use of these photographs and/or videos.

I represent that I am at least 18 years of age, or that I am the parent or legal guardian of the minor named below, and have read and understood this consent form and am authorized to sign it on behalf of the minor.

Participant Name (print): \_\_\_\_\_

Participant Signature (or parent/guardian if participant is under 18 years old):

Date:	

Minor's name (if participant is under 18 years old): \_\_\_\_\_

Organization/Individual Name: **BMA Of Mississippi Youth Department** 

Contact Information: Anders Lee, Director - (901) 343-3293 - anders.lee571@gmail.com