

# PHOTO / VIDEO CONSENT FORM

Location:

Event/Project:

Date:

I grant permission to [Organization] and its partners (including IYRP and Western SARE) to photograph, video, and/or audio record me. I consent to the use of my image, voice, and statements in educational, promotional, and archival materials.

I understand:

- Participation is voluntary.
- No compensation is provided.

I consent

I do NOT consent

Name:

Signature:

Parent/Guardian (if under 18):

Date:

Contact Email (optional):