



Minor Photography Authorization

A PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS FORM BEFORE A MINOR'S SESSION

This form authorizes the minor's participation and separately records promotional permission. Fields marked * and all REQUIRED choices must be completed; restrictions are optional. Do not include medical, school, account, or government identification information.

MINOR AND GUARDIAN

REQUIRED

MINOR'S FULL NAME *

MINOR'S AGE ON SESSION DATE *

PARENT / LEGAL GUARDIAN FULL NAME *

RELATIONSHIP TO MINOR *

GUARDIAN EMAIL *

GUARDIAN PHONE *

SESSION DATE *

CLIENT / SESSION REFERENCE *

PARTICIPATION AUTHORIZATION

REQUIRED

☐ I am the minor's parent or legal guardian, or I have documented legal authority to consent to this photography session.

☐ I authorize the minor to participate in the session described in the client agreement and confirm that I disclosed relevant supervision, accessibility, safety, and privacy needs.

SELECT ONE PROMOTIONAL-USE CHOICE

REQUIRED

- ☐ NO PROMOTIONAL USE. I do not authorize identifiable images of the minor to be used to promote Anonymous Photography or Slyconish Collective.
- ☐ PORTFOLIO AND WEBSITE ONLY. I authorize selected images to appear in a portfolio and on the business website.
- ☐ PORTFOLIO, WEBSITE, AND BUSINESS SOCIAL MEDIA. I also authorize use on the business's social-media accounts.
- ☐ FULL PROMOTIONAL USE. I also authorize printed displays, brochures, advertisements, and other business marketing described in the agreement.

RESTRICTIONS, EXCLUDED IMAGES, NAME-PUBLICATION CHOICE, OR OTHER CONDITIONS (OPTIONAL)



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GUARDIAN ACKNOWLEDGMENTS

REQUIRED

- ☐ I understand that declining promotional use does not prevent the minor from receiving photography services.
- ☐ I understand that no additional compensation is promised for authorized promotional use unless a separate written agreement says otherwise.
- ☐ I understand that I may request that Anonymous Photography stop new future uses, but material already printed, distributed, archived, or published may not be capable of complete withdrawal.

ACKNOWLEDGMENT AND SIGNATURE

REQUIRED

Typing a name into the electronic version is intended as an electronic signature. A printed copy may instead be signed by hand. The signer confirms that the information provided is accurate and that the signer has authority to give the permissions selected in this form.

SIGNER'S FULL LEGAL NAME *

DATE SIGNED *

ELECTRONIC OR HANDWRITTEN SIGNATURE *

- ☐ I consent to use this form and signature as an electronic record and confirm that I can keep or print a copy.