

3BFIT INDY – MEDIA RELEASE CONSENT FORM



Contact: 3bfitindy@gmail.com



Organization: 3BFIT Body Beauty Brain LLC



Program/Event Name: _____



Date(s) of Participation: _____

Participant Information

Child's Full Name: _____

Age: _____

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Media Release Consent

I, the undersigned parent or legal guardian of the child named above, hereby give permission to **3BFIT Indy (Body Beauty Brain LLC)** to photograph, record, and/or videotape my child during any program, event, or workshop hosted or sponsored by the organization.

I understand and agree that:

- These photographs and videos may be used for **promotional, educational, and informational purposes**, including but not limited to social media, brochures, flyers, presentations, newsletters, grant proposals, and the 3BFIT website.
- My child's name **will not** be used in connection with any media without additional written consent.
- All media content becomes the property of 3BFIT Indy and may be used without compensation to me or my child.
- I may revoke this consent in writing at any time by contacting **3bfitindy@gmail.com**. Revocation will not apply to media already in use or published prior to notice.

Consent Options

YES, I give permission for my child's image and/or video to be used by 3BFIT Indy for promotional and educational purposes as described above.

NO, I do not give permission for my child's image and/or video to be used by 3BFIT Indy.

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Signature

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____