Image Release Authorization - Minor (Under 18)

I, _____, am the parent or legal guardian of the minor named below and I grant permission to All Blue Photography to use photographs or images taken of my child for promotional, marketing, and portfolio purposes. This includes use on websites, social media, printed materials, and other professional displays.

I understand that these images may be used to represent the quality and style of All Blue Photography's work, and I consent to their use without additional notification or compensation. I acknowledge that the images will be handled professionally and respectfully at all times.

This authorization is effective as of the date below and will remain in effect unless revoked in writing.

Minor's Name: _____

Parent/Guardian Signature: _____

Printed Name of Parent/Guardian: _____

Date: _____