Photography - Parent / Guardian Participation Consent

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1. Participant and session details

Project / booking name

Session date

Location, city and state

Signer full legal name

Signer email

Signer phone

Child full legal name

Child age on session date

Relationship and legal authority

Supervising adult name and phone

Alternate emergency contact name and phone

Planned activities, risks and safeguards discussed

Custody restrictions, participation limits or accommodations (none if none)

2. Agreement

Authority and permission

I am the parent or legal guardian of the child identified below and have legal authority to consent to the described photography session with Michael Ivory Photography LLC, through Michael Ivory. I authorize only the session and activities described below. I will disclose any custody or consent restriction relevant to participation.

Supervision and safety

I or the approved supervising guardian will remain present and available throughout the session. The child may decline a pose or activity, ask for a break or stop. I will communicate relevant safety needs privately and promptly report hazards. The Company will use reasonable safety measures, age-appropriate activities and private changing arrangements.

Activity limits

This consent does not authorize nudity, intimate imagery, dangerous stunts, water activities, work at heights, transport of the child, or applying products without separate specific consent. It is not a child-performer permit and does not replace legally required permits, working-hour limits, education or trust-account obligations.

No injury waiver or publicity release

This is participation permission and acknowledgment of disclosed risks, not a release of the child's or guardian's injury claims. It does not require a parent to indemnify the Company. Permission to publish photographs, video or the child's voice requires a separate model release. No copyright or payment terms are changed.

Emergency contact and records

If an emergency occurs, personnel may call emergency services and attempt to reach the guardian or emergency contact. This form does not provide blanket medical-treatment authorization. Contact and signature information will be retained by the Company for session administration and agreement records, not treated as marketing consent.

3. Acknowledgment and signature

- [ ] I am at least 18, legally able to sign, and have the authority stated in this form.
- [ ] I have read the completed details and every term, had an opportunity to ask questions, and voluntarily agree.

Printed full legal name

Parent / legal guardian signature (sign by hand or with your PDF reader)

Date signed

Photographer / producer printed name: Michael Ivory | Michael Ivory Photography LLC

Details and signatures are retained for session safety and agreement records. This is not marketing consent. Do not enter unrelated medical information. Contact info@michaelivoryphotography.com with record or privacy questions.