

Nonprofit Social Media Release Consent Form

I hereby grant permission to _____ (Nonprofit Organization) to use my image, likeness, name, written or spoken statements, and/or audio/video recordings on their social media channels and other promotional materials. I understand that my participation is voluntary and that these materials may be used in printed and electronic media.

Participant Information

Full Name

Email

Phone

Address

Consent

☐ I consent to the use of my photograph/image.

☐ I consent to the use of my audio/video recordings.

☐ I consent to the use of my story/written statements.

I understand that I may withdraw my consent at any time by notifying the organization in writing. This will not affect any materials already published prior to my notice of withdrawal.

Signature Date

If Participant is Under 18

Parent/Guardian Name

Parent/Guardian Signature Date