

Photo Testimonial Consent Form

I hereby grant permission to _____ to use my photograph, likeness, testimonial, and/or video in all forms and media for advertising, publicity, and other lawful purposes. I understand and agree that these materials may be used in print and online environments, and may be edited, copied, exhibited, published, or distributed.

I waive any right to inspect or approve any materials wherein my likeness or testimonial appears, and I waive any right to compensation arising or related to the use of my image or testimonial.

I understand that completion and submission of this consent form is voluntary and confirms my agreement to the above.

Name:

Signature:

Date:
