

Social Media Consent and Release Form

I, the undersigned, grant permission to [Nonprofit Name] to use my image, likeness, name, and/or story in print, digital, and social media for the purposes of promoting its programs, services, and mission.

Full Name

Email Address

Phone Number

Date



I have read and understand the above. I am 18 years of age or older.

Signature

Parent/Guardian Consent (if under 18)

Parent/Guardian Name

Parent/Guardian Signature

Date