

Employee Photo Release Consent Form

Employee Name

Department/Position

Date

Consent Statement

I hereby grant permission to (the "Organization") to use and publish my photograph(s) and/or video images taken in connection with my employment, for lawful promotional, marketing, or educational purposes across any media formats, including print and digital.

I understand that these images may be used without compensation and I waive any right to inspect or approve the finished product. I release the Organization and its representatives from all claims and liability relating to the use of my image.

Optional Restrictions / Notes

Employee Signature

Date