

Social Media Photo Release Consent Form

Participant Information

Full Name

Email Address

Phone Number

Parent/Guardian (if participant is under 18)

Parent/Guardian Name

I hereby grant permission to use photographs and/or video of me taken for use in official social media channels, websites, and other publications. I understand that these materials may be used for marketing, promotional, and informational purposes.

I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith.

I have read this release and fully understand its contents.

Signature

Date

Additional Comments