Social Media Photo Release Consent Form

Participant Name
Parent/Guardian Name (if under 18)
Talente Gadraian Name (in ander 10)
Organization Name
Consent
I authorize to use photographs and/or videos of me taken in connection with the above-identified event for use in social media posts, promotional materials, and publications.
☐ I have read and understand the above statement.
Additional Information or Restrictions
Signature
Date