

PHOTO RELEASE FORM

NAME

I, _____ hereby give consent to _____
(Your Name) (Organization Name)

to use photos of myself in the following formats and media:

FORMATS & MEDIA

Website Advertisement Material

Facebook Page LinkedIn Page

Twitter Instagram

First Name can be used in chosen media Full Name can be used in chosen media

This authorization is for any photos taken (choose one):

While I am employed or volunteering with the organization.

My participation in _____
(Program Name)

On specific date(s) _____
(Date)

RELEASE

I hereby release and hold harmless the organization from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in the organization marketing materials or other program publications. I acknowledge and agree that publications of these photos confers no rights of ownership or royalties whatsoever.

I hereby release the organization, its employees, contractors, volunteers, and any third parties involved in the creation or publication of marketing materials, from liability for claims by me or any third party in connection with my participation.

SIGN

 Your Signature Date