



S O C I A L M E D I A

Consent Form

Thank you for choosing to work with me. Please complete the form below so I can obtain information as to where I can share these images and / or videos from your session. Thank you

Client Name: _____ Session Date: ____/____/____

Please select from the following:

	Yes	No	WP	WP = With Permission
Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tik Tok	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pinterest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Megan's Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

When selecting "WP" (With Permission) Megan will send you material she is interested in posting with further details to your preference of contact. Once approved by you she will post material.*

If you selected "WP" on any of the following please select the preferred way you would like to be contacted.

- Text: _____
- Email: _____
- Other: _____

I hereby give permission to post our names / tag us in any social media and or website mentions.

Yes No

Additional Comments: _____

Client Signature: _____ Date: ____/____/____