

# Social Media Release Form

I hereby authorize \_\_\_\_\_ to use my photo and/or information related to my experiences with \_\_\_\_\_.

I understand this information may be used in publications, including electronic publications, audiovisual presentations, promotional literature, advertising, community presentations, letters to area legislators and media and/or other similar ways.

\_\_\_\_\_ will disclose to me or my legal representative, where appropriate, the specific information and/or photo to be used prior to release in the social media.

My consent is freely given as a public service to \_\_\_\_\_, without expecting payment. I release \_\_\_\_\_ and their respective employees, officers and agents from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, videotape and/or photographs.

I prefer that (choose one):

- My complete name be used.
- My first name only be used.
- No name be used.

I understand that I can revoke this release any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date