



Social Media Consent/Release Form
For News/Social Media, Promotional Materials, Written Articles, Research and/or Photographs

I _____ hereby authorize (Your Practice) to use my photo and/or name related to my experience with (Your practice). I understand this information may be used in publications, including electronic publications, audiovisual presentations, promotional literature, advertising, community presentations, media and other similar ways. (Your practice) 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 (Your practice) without expecting payment. I release (Your practice) 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

_____ My complete name be used

_____ My first name only be used

_____ No name be used

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

Please print:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

The signature of a parent/legal guardian is required if the above individual is under the age of 18 or incompetent