

[Your Organization/Name]

Photo Release Form for Social Media

This media Release Form is effective on [Date], by the party, [Participant's Name] who acknowledges and agrees to the terms below:

The party, [Participant's Name], hereby grant [Your Organization/Name] the irrevocable and unrestricted right to use and publish photographs and/or videos of me, taken during [Event Name or Description], on [Date(s)], for use in [Your Organization/Name]'s social media accounts, including but not limited to [list of specific platforms, e.g., Facebook, Instagram, Twitter, LinkedIn], and any promotional or marketing materials.

The party understand and agree that these photographs and/or videos may be edited, combined with other images, text, graphics, film, audio, and/or video sequences, and cropped or modified at the discretion of [Your Organization/Name], without further approval from me, and that [Your Organization/Name] shall own all rights to the resulting images and/or videos.

The party waive any right to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied. I also release, discharge, and agree to hold harmless [Your Organization/Name], its employees, representatives, and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

The party certifies that He/She is over 18 years of age and has the full legal capacity to execute this release, and that He/She has read and fully understood the contents of this release.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Guardian's Name (if participant is under 18 years old): _____

Guardian's Signature (if participant is under 18 years old): _____

Date: _____

Witness's Name: _____

Witness's Signature: _____

Date: _____

By signing below, I acknowledge that I have read and understand the terms and conditions of this photo release form and agree to be bound by them.