YOUR OFFICE NAME

PHOTO AND VIDEO RELEASE FORM

Permission to use photos and video in which you appear.

You can withdraw permission for future use at any time by contacting us.

Name of the person pictured *

Is this person under 18? *

☐ Yes ☐ No

You may use my image in *

☐ Website ☐ Social media ☐ Printed materials ☐ News releases and media ☐ None of these

You may print my name with the image *

☐ Yes ☐ No

Signer name (parent or guardian if under 18) *

Signature *

Date *