Social Media and Photo Release Form

Name:
Date of Birth: Gender: Phone: Email: Address:
What is your preference regarding the use of your name?
 I consent to the use of my complete name. I consent to the use of my first name only. I consent to the use of my nickname. I consent to the use of my photographs anonymously.
Please check the boxes regarding your preference.
 I authorize MDGC Photo to use my photos on Facebook, Twitter, Instagram, and other social media platforms. I authorize MDGC Photo to edit, alter, copy, or distribute the photos for social media advertising and marketing. I agree that the photos all intellectual property rights of the photos belong to MDGC Photo. I agree that I will not receive any monetary compensation for usage of my photographs in social media platforms.
Signature
Date Signed
Date digited