

Social Media Photo Release Form

First Name: _____

Last Name: _____

Date of Birth: _____ Phone Number: _____

Email: _____

Authorisation, Release, and Consent

Can we use your name?

- Complete Name
- First Name
- Anonymous

- I authorise and grant My Flex Training to take my photos regarding my experiences with them.
- I grant My Flex Training to use my photos on Facebook, Twitter, Instagram, and other social media platform.
- I allow My Flex Training to edit, alter, copy, or distribute the photos for social media advertising and marketing.
- I agree that the photos belong to My Flex Training.
- I understand that I will not receive any monetary compensation.

Signature: _____

Date Signed: _____