ANONYMOUS
PHOTOGRAPHY

Social Media and Promotional Release

FOR ADULTS - OPTIONAL PERMISSION FOR WEBSITE, PORTFOLIO, SOCIAL MEDIA, AND MARKETING USE

Complete this form only when an identifiable adult is choosing whether Anonymous Photography may use session images on its website, in a portfolio, on business social media, or in other promotional materials. Declining promotional use does not affect photography services. Fields marked * and all REQUIRED choices must be completed; restrictions are optional.

ADULT AND SESSION

REQUIRED

ADULT'S FULL LEGAL NAME *

EMAIL *

SESSION DATE *

CLIENT / SESSION REFERENCE *

SELECT ONE PERMISSION LEVEL

REQUIRED

- ○ NO PROMOTIONAL USE. I do not authorize identifiable images of me to be used to promote Anonymous Photography or Slyconish Collective.
- ○ PORTFOLIO AND WEBSITE ONLY. I authorize selected images to appear in a private or public portfolio and on the business website.
- ○ PORTFOLIO, WEBSITE, AND BUSINESS SOCIAL MEDIA. I also authorize use on Anonymous Photography or Slyconish Collective social-media accounts.
- ○ FULL PROMOTIONAL USE. I also authorize printed displays, brochures, advertisements, and other business marketing described in the agreement.

RESTRICTIONS, EXCLUDED IMAGES, NAME-PUBLICATION CHOICE, OR OTHER CONDITIONS (OPTIONAL)

RELEASE TERMS

REQUIRED

- ☐ I understand that no additional compensation is promised for the authorized promotional use unless a separate written agreement says otherwise.
- ☐ I understand that I may request that Anonymous Photography stop new future uses, but material already printed, distributed, archived, or published may not be capable of complete withdrawal.
- ☐ I understand that this permission does not allow defamatory, unlawful, or materially misleading use and does not transfer the photographer's copyright.

ACKNOWLEDGMENT AND SIGNATURE

REQUIRED

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Typing a name into the electronic version is intended as an electronic signature. A printed copy may instead be signed by hand. The signer confirms that the information provided is accurate and that the signer has authority to give the permissions selected in this form.

SIGNER'S FULL LEGAL NAME *

DATE SIGNED *

ELECTRONIC OR HANDWRITTEN SIGNATURE *

☐ I consent to use this form and signature as an electronic record and confirm that I can keep or print a copy.