



Media Photo Release Form

Name

First Name

Last Name

Age

Phone Number

Area Code

Phone Number

Email

example@example.com

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Authorization, Release, and Consent

Can we use your name?

- Complete name
- First name
- Nickname
- Anonymous
- Company Name

Type a question

I authorize and grant Impact Radio Accessories and/or Authorized Impact Dealers to take my photo(s) regarding my experiences with them and/or wearing Impact product.

I grant Impact Radio Accessories and/or Authorized Impact Dealers to use my photo(s) on LinkedIn, Facebook, Twitter, Instagram, and other social media platforms.

I allow Impact Radio Accessories and/or Authorized Impact Dealers to edit, alter, copy, or distribute the photos for social media advertising and marketing purposes.

I agree that the photos belong to Impact Radio Accessories and/or Authorized Impact Dealers.

I understand that I will not receive any monetary compensation.

Date Signed



Month

Day

Year