SOCIAL MEDIA AUTHORIZE, RELEASE, AND CONSENT FORM

Name: _____ Date of Birth: _____

Address: _____ Email: _____

_____

_____

You can use my: Complete name ☐ (See above)

First name ☐ (see above)

Nickname ☐ _____

If you grant permission to all statements below, please check here ☐ if not please check the appropriate boxes below.

☐ I authorize and grant InsurePro LLC to take my photos regarding my experience with them.

☐ I grant InsurePro LLC to use my photos on Facebook, Twitter, Instagram, and other social media platform.

☐ I allow InsurePro LLC to edit, alter, copy, or distribute the photos for social media advertising and marketing.

☐ I agree that the photos belong to InsurePro LLC.

☐ I understand that I will not receive any monetary compensation.

☐ I will allow InsurePro LLC to "tag" me in any social media postings where my image, taken by InsurePro LLC representative, is used. This is including but not limited to Facebook, Twitter, Instagram.

Signature Date signed

_____ _____