

Social Media Consent Release Form

I hereby authorize _____ The Nixon Institute _____ to use my photo and information related to my experiences with _____ event. I understand that this can be used in community presentations, promotional advertising, and/or other similar ways. I release _____ The Nixon Institute _____ from any liability which may arise from the use of such media.

I understand that I can revoke this release at any time in writing, and that any use of my photo(s) or other information authorized will immediately cease.

Name: _____ **Preferred Title:** _____

Signature: _____ **Date:** _____