C

**Social Media Release Form**

I hereby consent to release for possible publication my name and/or photo(s) and/or video images taken by any authorized Central Iowa Society of Human Resource Management (“CISHRM”) representative, or any media representative for news and/or publicity purposes. This may include television, newspaper, magazine article, social media websites, and/or CISHRM publications (newsletters, flyers, brochures, web pages, etc.). I also agree to allow the publication or broadcast of my name in connection with any photo(s) and/or video images taken, and I understand that I will not receive remuneration for my voluntary participation or future use of any photo(s) and/or images of me. I understand that photos and/or videos for the media and/or World Wide Web may be used in publications and/or websites outside of CISHRM control.

This consent remains in effect indefinitely unless notice of revocation of authorization by consentor is submitted in writing to CISHRM. For more information please contact (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_