



### SOCIAL MEDIA/PHOTO/TESTIMONY CONSENT FORM

I grant **SECURITY BANK** permission to use images (photograph or video) of me/my child to showcase on **SECURITY BANK'S** website, social media channels and other digital delivery or print publications.

I give consent to the use of my/my child's picture/comments as follows. Check all that apply.

- ☐ My full face & photo can be shown
- ☐ My first name can be used
- ☐ My identification as a **SECURITY BANK** customer can be listed
- ☐ My testimonial about **SECURITY BANK**, first name and brief biographical information can be used

#### Declaration:

I understand that the photographs, digital images, or video segments may be used in print or electronic media and that the photographs may be displayed on websites owned or sponsored by **SECURITY BANK**. I grant permission for testimonials and images (photograph or video) of me/my child to be used in the formats indicated above. I understand and agree that these materials will become the property of **SECURITY BANK** and will not be returned. I hereby irrevocably authorize **SECURITY BANK** to edit, alter, copy, exhibit, publish, or broadcast my likeness at any time by means of any media, including print, video presentations, television, radio and satellite transmissions or rebroadcasts, news bulletins, mailers, billboards or signs, brochures, website placements, podcasts, social media post, or other digital delivery or publications. In addition, I waive any right of privacy associated with the Likeness as well as the right to inspect or approve the finished product, including written or electronic copy, wherein my Likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my Likeness. I hereby hold harmless and release and forever discharge **SECURITY BANK** from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of customer \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Customer signature (if over 18 years) \_\_\_\_\_

Parents/Guardian Name (if a minor) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

**Submit**