

Photo Release Form

Photographer
Address Line 1
Address Line 2

Permission to Use Photograph

Subject: _____

Location: _____

I grant to Photographer, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Photographer, its assigns and transferees to copyright, sell, use and publish the same in print and/or electronically.

I agree that Photographer may use such photographs of me with or without my name and for any lawful purpose, including for example such as publicity, illustration, advertising, stock images and Web content.

I have read and understand the above:

Signature: _____

Printed Name: _____

Organization Name (if applicable): _____

Address: _____

Date: _____

Signature of Parent / Guardian: _____

(If under age 18)