

Photo Release Form

Permission to Use Photograph

Subject: _____

Location: _____

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

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

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)