

PHOTOGRAPHIC CONSENT & RELEASE FORM

Your Information

Name _____ Phone number _____

Address _____ Email address _____

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Address _____ Email address _____

I, _____ (*your name*) hereby grant to _____ (*photographer's name*) the absolute and irrevocable right and unrestricted permission to publish, distribute, exhibit, or otherwise use the photographs that the he/she has taken or may take of me or in which I may be included with others. I hereby release the photographer from all claims, demands, and liabilities whatsoever in connection with the photographs.

I understand that the images may be altered or modified in any manner, and I hereby waive any right to inspect or approve any final product using my photographs.

I acknowledge that the images may be used, without limitation, in print publications, online publications, website entries, and/or social media.

Additionally, I waive any right to royalties or other compensation arising or related to the use of the photographs taken of me.

I have read and fully understood the aforementioned terms and conditions.

Name: _____ Date: _____

Signature: _____

Photographer's Name: _____ Date: _____

Signature: _____