

PHOTOGRAPH RELEASE AUTHORIZATION

PHOTOGRAPHER NAME

BUSINESS (if applicable)

ADDRESS

CITY, STATE, ZIP

E-MAIL ADDRESS

PHONE NUMBER

I, signed below, give the above-named photographer and his/her photography business, if applicable, the irrevocable right to use photographs of me and/or my property in all forms and media in all manners, including composites or modified representations for a portfolio; print sales; online and print publications and marketing/promotional materials; social media; exhibits, or other such legal uses.

I understand that I will not be paid for the use of the images taken of myself or my property on the date or date range below.

DATE OR DATE RANGE

NAME (Print)

AGE 18 OR OLDER YES NO

NAME ATTRIBUTION YES ANONYMOUS

ADDRESS

CITY, STATE ZIP

E-MAIL ADDRESS

SIGNATURE

If the person referenced above has not reached the age of eighteen, a parent or legal guardian must sign below.

NAME (Print)

SIGNATURE
