

## Photo Release Form

[Name or Organization]

[Address]

[City, State, Zip]

Permission to Use Photograph

Event: \_\_\_\_\_

Location: \_\_\_\_\_

I grant to [insert name or organization], the right to take photographs of me and my family in connection with the above-identified event and/or program. I authorize [insert organization], its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that [insert name or organization] may use such photographs 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 \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)