

# Photograph or Video Release Form

Fill in the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## PERMISSION AND RIGHTS GRANTED:

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I am over the age of 18 years of age and have the full legal capacity to execute this release.

I have read the foregoing, fully understand its contents, and agree to be bound by its terms and conditions.

To be completed by the individual executing this release.

<b>Name:(printed)</b>	_____	<b>Date:</b> _____
<b>Signature:</b>	_____	
<b>Date of Birth</b>	_____	
<b>Description of Work:</b>	_____	
<b>Additional Reference:</b>	_____	

Attach either a hard or electronic copy of the photograph, video, or recording to this form.