

## **Sample Photo Release Form**

Organization Name  
Address  
City, State, Zip

Permission to Use Photograph

Subject: \_\_\_\_\_

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

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

I agree that [insert 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 \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

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