

Photo Release Form

Organization Name:

Address:

City, State, Zip

Permission to Use Photograph

Subject name: _____

Location: _____

I grant to _____, the right to take photographs of me and in connection with the classroom project _____

I authorize _____, 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 _____

Address _____

Date _____

Signature, parent or guardian _____

(if under age 18)