Photo/Video Release

DATE	PHOTOGRAPHER'S NAME

Consent

I, _____, hereby **authorize** and
PRINTED NAME

consent to the use of my visual image (photograph or video) by
_____ for:

- ☐ Appropriate general use
- ☐ This specific use:

SIGNATURE	DATE	TELEPHONE NUMBER (INCLUDE AREA CODE)

Complete the information below only if subject has a guardian or is a minor child.

GUARDIAN'S PRINTED NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
SIGNATURE	**DATE**