

# Winston Publishing Photo Release Form

Photography Release Form:

SHOOT: \_\_\_\_\_ PHONE: \_\_\_\_\_

CLIENT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I hereby irrevocably authorize and grant to, Winston Publishing, its agents, including \_\_\_\_\_ and their respective licensees, successors and assigns (herein collectively called "the licensed parties") the right to photograph me and to use my likeness in artistic, advertising, promotional and public relations materials.

I acknowledge that the licensed parties own and shall own all rights, title and interest (including copyright) in photographs.

I acknowledge that the licensed parties are not obliged to use the photographs.

I agree that no material need be submitted to me for any approval and that the licensed parties shall be without liability to me for use of my photographic image.

I am over the age of 18 and I have read this release form carefully and fully understand its meanings and warranties. \*

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*I am under the age of 18 and will provide the approval of my parent or legal guardian.

I hereby give permission to take photographs of the minor named above or photographs in which the minor may be involved. I am of full age and am able to contract for the minor in the above regard. I have read the foregoing document and fully understand its contents.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_