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| [Insert Business Name] | [Business Logo] |

**RELEASE FORM FOR MEDIA RECORDING/PHOTOGRAPHS**

I, the undersigned, do hereby consent and agree that [Insert Business Name], its employees, or agents have the right to take photographs of me on [day and date] to use on the [Insert Business Name] website – [web address], [Insert Business Name] publications, and marketing collateral, and exclusively for the purpose of [Insert Business Name]. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to [Insert Business Name], its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I also understand that [Insert Business Name] is not responsible for any expense or liability incurred as a result of my participation in this photo shoot including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, or if under 18 years of age have gained parental/guardian agreement, have read and understand the foregoing statement, and am competent to execute this agreement.

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| **Client Details** |

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| --- | --- | --- | --- |
| Full Name: |  | Date: |  |
|  |  |  |  |
| Address: |  | | |
|  |  |  |  |
| City |  | Post Code: |  |
|  |  |  |  |
| Phone: |  |  |  |
|  |  |  |  |
| Signature |  |  |  |

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|  |
| **Parent/Guardian Details** |

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| --- | --- | --- | --- |
| Full Name: |  | Date: |  |
|  |  |  |  |
| Address: |  | | |
|  |  |  |  |
| City |  | Post Code: |  |
|  |  |  |  |
| Phone: |  | Relationship: |  |
|  |  |  |  |
| Signature |  |  |  |