

PHOTOGRAPH SUBJECT RELEASE: ADULT

Name of Photographer:

Address of Photographer:

I hereby irrevocably consent to and authorize the use and reproduction by the above-named photographer, or anyone authorized by him/her, of any and all photographs of me taken by photographer on or about the date of _____ [copies of which are attached hereto], for any purpose whatsoever, without compensation to me. The photographs and the negatives thereof shall be the sole property of photographer.

I am eighteen years of age or older.

Signature:

Address:

City, State, Zipcode:

Date: