

# PHOTO CONSENT FORM

I, \_\_\_\_\_ with a mailing address of \_\_\_\_\_  
\_\_\_\_\_ City of \_\_\_\_\_, State of \_\_\_\_\_  
\_\_\_\_\_ (the "Releasor") grant permission and give my consent to \_\_\_\_\_ (the "Releasee") for the use of the following photograph(s) or electronic media images as identified below for presentation under any legal use:

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Describe Photo(s)

## Revocation (check one)

- I understand that with my authorization below the photograph(s) may never be revoked.

- I understand that I may revoke this authorization at any time by notifying \_\_\_\_\_ in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

Releasor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Releasee's Signature \_\_\_\_\_ Date \_\_\_\_\_