

**Photographic Consent & Release Form**

I (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission to **Kara Hall-Rowe (MemoriesInSnaps)** the right or use of photographs or me, (and/or my property) and to use these in any and all media worldwide including online, now and hereafter known, and for any purpose whatsoever.

I hereby release to the Photographer all rights to exhibit this work in print and electronic form publicly and privately and to market copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs and agree that any use described herein may be made without compensation or additional consideration of me.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Today’s Date:** \_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Date of Function:** \_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Address:**

**Signature:**

**Parent/Guardian name & signature** *(if under 18):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witnessed by the Photographer:**