## **FX Pictures**

Name of Event:

## PERMISSION FORM

I hereby grant the photographer / Filmmaker M. Mehdi Shahbeigi and FX PICTURES, LLC permission and any licenses and the absolute rights to copyright, use, re-use, publish, sell, re-publish, print, share including web-based publications my member of my family pictures, footage, voice or other digital media ("photo") .I hereby irrevocably authorize the FX PICTURES, LLC to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. I hereby hold harmless, release, and forever discharge the FX PICTURES, LLC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I understand and agree that all photos will become the property of the FX pictures and will not be returned. I agree that I have no rights to the Content, and all rights to the Content belong to the Photographer / Filmmaker and production company.

Date

Event Address:		Zip code:
I HAVE READ AND UNDERSTAND	THE ABOVE PHOTO RELEASE	
Print Name	Print Name	Print Name
Phone Number	Phone Number	Phone Number
Signature	Signature	Signature
Print Name	Print Name	Print Name
Phone Number		
Signature		
Drint Nove	Drint Name	Drint Name
Print Name		
Phone NumberSignature		
Print Name	Print Name	Print Name
Phone Number		
Signature		
Print Name	Print Name	Print Name
Phone Number		
Signature		