|  |  |
| --- | --- |
| **Model/Subject:** | [Model/Subject’s Name] |
| **Model/Subject’s address:** | [Model’s address] |
| **Model/Subject’s Contact Number:** | [Model’s Contact Number] |
| **Date:** | [Date] |

I, [Your Name], hereby grant permission to [Releasee's Name] to capture and utilize the following described photos:

[Brief Description of Photo 1]

[Brief Description of Photo 2]

[Brief Description of Photo 3]

**Revocation:**

By checking one of the options below, I acknowledge my decision regarding the ability to revoke this authorization:

I understand that I cannot revoke this authorization once this consent form has been signed.

I understand that I have the right to revoke this authorization after signing this consent form. In such cases,

I agree to notify [Releasee's Name] in writing, allowing them a reasonable timeframe to discontinue the use of the photos.

I have carefully reviewed and comprehended the terms and conditions of this consent form. I willingly and voluntarily grant permission for the aforementioned photos to be utilized by [Releasee's Name].

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [Current Date] |  | [Your Name] |  | [Your Signature] |
| **Date** |  | **Name** |  | **Signature** |