**PHOTO CONSENT FORM**

I, [Name of Releasor] (the “Releasor”), with a mailing address of [Street Address], City of [City], State of [State], grant permission and give my consent to [Name of Releasee] (the “Releasee”) for the use of the following photograph(s) or electronic media images as identified below for presentation under any legal use:

Description of Photos] 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 [Name] 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.

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [MM/DD/YYYY] |
|  **Releasor’s Signature** |  | **Date** |

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [MM/DD/YYYY] |
|  **Releasee’s Signature** |  | **Date** |