

# Photograph/Image Consent Form

I, the undersigned, hereby grant permission to the photographer \_\_\_\_\_  
to photograph me. I further grant to the photographer the right to reproduce, use, exhibit and  
display and distribute these images in any media.

\_\_\_\_\_  
First and last name (printed)

\_\_\_\_\_  
Signature (if 18 years old and above)

\_\_\_\_\_  
Date

\_\_\_\_\_  
First and last name of parent/guardian (if subject under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date