

Photography Release Form

Date: _____

I, the undersigned, hereby grant permission for [Photographer's Name/Institution] to use my photograph for educational purposes.

Photographer's Name: _____

Institution/Organization: _____

Contact Information: _____

Terms of Release

1. I understand that the photograph may be used in presentations, publications, or other educational materials.
2. I waive any right to inspect or approve the finished product wherein my likeness appears.
3. I understand that I will not receive any compensation for the use of the photograph.

Consent

I am over the age of 18 and consent to the above agreements.

Full Name: _____

Signature: _____

Date: _____