Image Release Form

I, the undersigned, hereby grant	("Photographer") the absolute and irrevocable
right and permission to use, reproduce, publish, and distrib any purpose, including advertising and promotion, in any for restriction.	
Session Details	
Date of Session:	
Location of Session:	
Description of Images:	
Model/Subject Details	
Full Name:	
Address:	
Phone:	
Email:	
Agreement & Signature	
I confirm that I am over 18 years of age (or if under, this releas have read, understood and agree to the terms of this release.	e is signed by my parent or legal guardian), and that I
Signature:	
Date:	
Print Name:	

For Parent/Guardian (if subject is under 18)

Parent/Guardian	Name:			
Signature:				
Date:				_