Name of Subje	ot
Email Address	
Phone Number	
Date	
Name of Photo	grapher/Organization
Location of Pho	otography
Description of E	Event/Shoot
	permission to the above-named photographer/organization to use photographs and/or video of me follong but not limited to publicity, advertising, and web content.
Signature	g
5.9114.410	
Parent/Guardia	n (if under 18)
Date	