

Photography Workshop Release Form

Participant Information

Full Name

Address

Phone Number

Email

Workshop Details

Workshop Name

Date

Release Agreement

I hereby grant permission to the organizers of the above-mentioned workshop to photograph and/or record me during the event. I understand and agree that these photographs, audio, or video recordings may be used for workshop documentation, marketing, promotional purposes, or any other lawful use.

I waive any right to inspect or approve the use of my image or recordings and understand that no compensation will be provided for the use of such media.

Participant Signature

Date

If Participant is Under 18

Parent/Guardian Name

Parent/Guardian Signature

Date