**PHOTO CONSENT FORM**

I, [NAME OF RELEASOR] (the “Releasor”), with a mailing address of [STREET ADDRESS], City of [CITY], State of [STATE], grant permission and give my consent to [NAME OF RELEASEE] (the “Releasee”) for the use of the following photograph(s) or electronic media images as identified below for presentation under any legal use:

[DESCRIPTION OF PHOTOS]

Describe Photo(s)

**Revocation** (check one)

[ ]  - I understand that with my authorization below the photograph(s) may never be revoked.

[ ]  - I understand that I may revoke this authorization at any time by notifying [NAME] in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

Releasor’s Signature [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Releasee’s Signature [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_