

## PHOTO CONSENT FORM

I, \_\_\_\_\_ grant permission to \_\_\_\_\_  
for the use of the photograph(s) or electronic media images as identified below in any  
presentation of any and all kind whatsoever. I understand that I may revoke this  
authorization at any time by notifying \_\_\_\_\_ 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.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Image(s) Description** \_\_\_\_\_

\_\_\_\_\_