

# PHOTO RELEASE FORM

John Allen  
Photographer  
johnallenphoto.com

Permission to Use Photograph

Subject: \_\_\_\_\_

Location: \_\_\_\_\_

I grant to John Allen, his representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize John Allen, his assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that John Allen may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and film or web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian (if under age 18) \_\_\_\_\_