

# Sample Photo Release Form

Practice Name  
Address  
City, State, Zip

## Permission to Use Photograph

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

I grant to [insert practice], its representatives and employees the right to take photographs of me, my pet(s) and my property in connection with the above-identified subject. I authorize [insert practice], its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that [insert practice] 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 Web content.

I have read and understand the above:

Signature \_\_\_\_\_

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

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature, parent or guardian \_\_\_\_\_