

PHOTO RELEASE

I authorize	to take photographs of my personal
property, beginning on	and continuing until our project is complete.
The photos may be used for marketing purpose	es or merely as a reference for client and organizer.
social media, and/or publications, including the video form.	is may be used for publicity, advertising, web content, ose that are printed, published online, or created in
	ed with use of photographs. The inclusion of easily the photographs only if the authorization box is
No financial compensation will be provided for Participation is voluntary.	the taking or publication of the photographs.
	s company's employees, contractors, and any third aterials from liability for any claims with regards to
PLEASE READ, CHECK BOX, AND SIGN:	
□□I am at least 18 years of age, and have read and understood this Photo Release Agreement.	
Name	
City S	tate Zip
Client Signature	Date
SELECT ONE: I agree that all photographs may be used with my name and identifying information I authorize that all photographs may be used only WITHOUT my name and identifying information.	