



## IMAGE RELEASE FORM

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ I hereby grant permission to Jennifer Spence and Jennifer Spence Photography ("Photographer"), his/her legal representatives and successors, as well as persons and companies, including Jennifer Spence Photography, acting with his/her the irrevocable right and permission to use, reuse, and publish; in any manner at all, images taken of me by Jennifer Spence Photography, in whole or in part, modified or altered, either by themselves or in conjunction with other images and the photographs taken of me in any medium or form of distribution, and for purposes whatsoever, including, without limitation, all promotional and advertising uses, non-commercial or commercial display, broadcast, exhibition, trade, or any other lawful purposes, as well as the right to use my name in connection therewith, if she so desires; along with the right to copyright said photographs in her own name or in any name that she may select. I understand this includes the right to reproduce photos in print, film, or electronically. Additionally, I authorize any photos and artwork to be cropped or modified and used for promotional, stock, editorial, or commercial purposes.

I waive the right to inspect or approve the finished product or copy and any use thereof.

I agree that the photographs, reproductions, and negatives thereof shall constitute the photographer's sole property, and that the photographer has the full right to dispose of any or all of them in any manner whatsoever.

I hereby forever release and discharge Photographer and his/her respective representatives, licensees successors and assigns, specifically Jennifer Spence Photography and it's clients, from any and all claims, actions, and demands arising out of or in connection with the use of said photographs, including, without limitation, any and all claims for invasion of privacy and libel.

I acknowledge that this release document was signed by me willingly and I certify that I am not a minor, and I am free and able to give such consent. If an undersigned is signing this form on behalf of, or as an agent or employee of company/organization, the undersigned warrants that he/she has full authorization to do so.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
Email Address:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date