

## PHOTO RELEASE FORM

I hereby grant **William D. Slabaugh** permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of his publications, including web-based publications, without payment or other consideration.

I understand and agree that all photographs created will become the property of William D. Slabaugh.

In exchange, I understand that I will receive digital copies of the final three (3) photographs created.

I hereby irrevocably authorize William D. Slabaugh to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photographs.

I hereby hold harmless, release, and forever discharge William D. Slabaugh from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent / Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian’s Printed Name