



Photography Release

Name:

Address:

City: State: Zip:

Phone:

I do hereby release the images, photographs, or videos made of myself or my minor dependent by Vitae Clinic subject to the following terms:

These photographs, images, or videos may be displayed for any educational purpose, for the personal promotion of the photographer, for contest or professional competitions, for incidental publication as an example in brochures and literature, website use, or other similar use. It is understood that for artistic or other purposes, the representation may be distorted, altered, abstracted, color altered, computer composited, computer altered, computer retouched, or colored. It is understood that none of these photographs, images or videos will be used for commercial, advertising, commercial poster, or commercial print/slide sale or other "money making:" activities without further negotiation and permission from me.

Signature: _____ Date: _____

Parent/Guardian if subject is less than 18 years of age:

Signature: _____ Date: _____

Witness: _____ Date: _____

Amendment: At this time I am only giving consent for the Vitae Clinic to :

Signature: _____ Date: _____

Parent/Guardian if subject is less than 18 years of age:

Signature: _____ Date: _____

Witness: _____ Date: _____