



Photo Release Form

Model Name: _____

Location(s): _____

Photo(s) Purpose: _____

I grant to Quick Clix Zap Photography, LLC the right to take photographs of me in connection with the above-identified information. I authorize Quick Clix Zap Photography, LLC, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Quick Clix Zap Photography, LLC 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 certify that I will not use any photograph taken under this release form umbrella for commercial use, included but not limited to, publication on websites not affiliated with Quick Clix Zap Photography, LLC, Magazine publication(s), consideration for awards based on photo qualification, & anything related to television publication without the knowledge or permission of Quick Clix Zap Photography, LLC

I have read and understand the above:

Printed Name (List Parent(s) Name as well if Under the Age of 18)

Address

Organization Name (if applicable)

DOB

Signature (If under age 18, Parent/Guardian must sign in place)

Date