



INSPIRED TO CREATE

MODEL PHOTO RELEASE FORM

www.patwilsonphotography.com - 4725 Fulton Industrial Blvd.
Atlanta, Georgia 30334 - (877) 676-6056

This form is for the legal release of your photos. A parent or guardian signature is required for minors

This form is to authorize Pat Wilson Photography to publish photos taken of the following person:

NAME OF MODEL: _____

DATE OF BIRTH: _____

I hereby authorize Pat Wilson Photography to publish photos taken of me during
_____ on _____ for the company's online and print marketing materials.

I am aware that this form releases the company from any liabilities or claims.

I fully understand the terms and conditions under this agreement.

FULL NAME: _____

DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

Signature and Date