**SalLogoHorz NoTag.eps [replace with your logo]**

**Permission for Photography | Model Release**

For valuable consideration received, I grant to [change to your studio name] Salvatore Cincotta Photography ("Photographer") and their legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs of me (of my ward and/or child), or in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release Photographer and their legal representatives and assigns from all claims and liability relating to said photographs and uses thereof.

|  |  |  |
| --- | --- | --- |
| X | SIGNATURE |  |
|  | NAME |  |
|  | DATE |  |
|  | PHONE |  |
|  | STREET ADDRESS |  |
|  | CITY, STATE, ZIP |  |
| X | IF MINOR, SIGNATURE OF PARENT/GUARDIAN |  |
| X | SIGNATURE OF WITNESS |  |
|  | WITNESS (Print Name) |  |