**SalLogoHorz NoTag.eps**

**Permission for Photography**

In consideration of services provided by Salvatore Cincotta Photography (“Photographer”), I grant to ("Photographer") and its legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs of me (of my ward and/or child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) in which I (or ward or child) 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.

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