



PHOTO RELEASE FOR MINOR

I hereby authorize the iShoot Consulting, to publish the photograph(s) taken of my minor child, in which he/she may be included with others, including the surrounding areas depicted in said photographs, for use in any and all media without restriction for any private or public purpose. I also grant permission to use my child's name, if desired, in connection with any said publication. I further grant permission to copyright, re-use and republish photographic portraits or pictures of my minor child or in which he/she may be included intact or in part, composite or altered in character or form, without restriction as to changes or transformations made, through any and all media now or hereafter known for illustration, art, promotion, advertising, trade or any other purpose whatsoever.

I acknowledge that since my child's participation is completely voluntary, neither I nor my child nor any member of my family will receive financial compensation for the use of any photograph. I further agree that my child's participation and the usage of any photograph confer upon me and my child no rights of ownership whatsoever. I hereby relinquish any right that I or my minor child may have to examine or approve the completed product or products or the promotional copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.

I hereby release the iShoot Consulting, its contractors, clients, officers, legal heirs, investors, agents, representatives, and assigns from all liability for any claims by me, my minor child, my family or any third party in connection with my child's participation, including any claims and demands ensuing from or in connection with the use of the photographs, including any and all claims for libel and invasion of privacy. I also release them from any expectation of confidentiality for the use of said photograph(s).

I hereby affirm that I am the parent or legal guardian of the participating minor child listed on this form. I have read the above authorization, release and agreement, prior to its execution; and I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Name of minor child: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Print Name (Parent or Legal Guardian):

Street Address:

City: _____ State: _____ Zip: _____

Phone Number (_____) _____ E-mail: _____