

Photo Release - THE BEAUTY PROJECT

Subject's name (please print legibly)

Address _____

Phone _____ E-mail _____

In consideration for having my photograph appear in THE BEAUTY PROJECT, I understand and agree that the photographs taken of me by this photographer representing PhotoSensitive, my name and the captions referred to below may be used by PhotoSensitive in all materials pertaining to THE BEAUTY PROJECT. The photographs may be used in all forms of non-commercial communications in any media, including but not limited to publicity, exhibitions, books, DVDs, television and web/digital media presentations relating to THE BEAUTY PROJECT. Where the photo is taken of a location of a partner of PhotoSensitive, that partner may also have free use of the photo for its own purposes.

I understand that PhotoSensitive is a not-for-profit organization, and that my participation in this project is voluntary, therefore I waive any payments. I give permission for my name to be used with the photographs as well as such other personal details as I may disclose to the photographer which may be incorporated into a caption for the photograph.

I agree to PhotoSensitive contacting me in the event that they need any further information.

Signature of subject (or parent/guardian)

_____ Date _____

Photographer's name & address _____

Photographer's telephone number _____

Photographer's signature _____