

Portrait



PERMISSION AND RELEASE

Name(s): _____

Date(s): _____

Site/ Event: _____

We grant to Jessica Danielle Skintges Wallach and Portrait Playtime (“Photographer”) the right to use, publish and display our images and likenesses as they appear in photographs taken by Photographer on the dates and at the site/event above (“Images”) for promotion in portfolios and on display in studio and public venues.

In addition, We grant to Photographer the right to use the Images in the following ways (Please place your initials next to all that apply in the space provided.):

_____ To use Images for promotion on the internet, and in print and digital media (e.g. ads, brochures).

_____ To use and sell Images for publication in parenting magazines and other print and electronic publications for parents, families and children.

_____ To use and sell Images as stock photography and for general commercial use in any media.

In these cases, Photographer will not use or print or grant permission to others to use and print the name(s) of any children in the Images. However, if a request to use names is made by a publisher/news organization, Photographer will provide the parents’ name, telephone number and e-mail listed below. Photographer will **not** give out the names of children appearing in the photographs.

We understand that Photographer owns copyrights and all other rights in the Images. We know that Photographer is not required to seek our approval for the uses covered by this permission and release. We release Photographer and its employees, agents and assigns from all claims arising out of use of the Images, including but not limited to defamation and invasion of privacy. We understand that the Photographer is doing its work in express reliance on this permission and release.

By signing below, I represent that I am over the age of eighteen (18) years and am free to grant the rights above; and that I warrant that each of us is a parent or legal guardian of the minor children in the Images and has the right to act and sign on their behalf.

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Check Box: Subject/Participant Parent/ Guardian

Address: _____ Tel: _____

_____ Email: _____

Address of Minors (if different from above): _____