

PHOTOGRAPHER'S COPYRIGHT RELEASE CONSENT FORM

STUDENT NAME: _____

DATE(S) TAKEN: _____

As the photographer, _____, I (we) own the
(print name of photographer or company)
copyright in the accompanying film, print, proof, slide, negative and/or computer file,
depicting the above named student.

I (we) authorize the representatives of the Tampa Bay Homeschool Graduation Committee to reproduce the photo(s) described above for use in program, scrapbook and other uses related to the TBH Graduation Ceremony. Any restrictions on the use of the photo(s) are described in the notes below.

Photographer Name: _____

Photographer Address: _____

Photographer Phone: _____

Photographer Signature: _____

NOTES:

Please check here to indicate if this photo is your own personal photo

Signature: _____