

# PHOTO RELEASE FORM

I, \_\_\_\_\_, ("Releasor") with a mailing address of \_\_\_\_\_, grant permission and consent to: Ohio Lactation Consultant Association, ("Releasee") for the use of the following photograph(s) as identified below for presentation under any legal condition, including but not limited to publicity, copyright purposes, illustration, advertising, and web content:

Describe Photo(s)

## I. Payment (check one)

- \$\_\_\_\_\_ is accepted as payment for this release.

- I understand that there shall be no payment for this release.

## II. Royalties (check one)

- I understand that there shall be royalties for the photographs used in the amount of \_\_\_\_\_.

- I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

## III. Revocation (check one)

- I understand that with my authorization below the photograph(s) may never be revoked.

- I understand that I may revoke this authorization at any time by notifying the Releasee in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

We, the Releasor and Releasee, have understand and agree to the aforementioned terms and conditions.

**Releasor's Signature/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

Print Name: \_\_\_\_\_

**Releasee's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Print Name: \_\_\_\_\_