

# Photo Release Form

I authorize \_\_\_\_\_ to use images and/or videos of me for educational and promotional purposes. These materials may appear in publications, presentations, social media, and various communication channels.

By submitting this form, the company is relieved of responsibilities. I understand and agree to the terms and conditions. Minors require parental or guardian signature.

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_