**Release for Use of Image**

I hereby give my consent to [PHOTOGRAPHER’S/VIDEOGRAPHER’S NAME] to photograph, film, videotape and then use, reproduce, and publish said images of me and/or my child/children for the purposes of entering the images in the International Students of Michigan Photo Contest. I understand that such images may be used by third parties in public displays, derivative works, and publications.

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*(Please print name)*

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*(Please print child’s name, if image is of a minor)*

I agree that photographs/negatives, film, or videotapes thereof shall constitute the sole property of [PHOTOGRAPHER’S/VIDEOGRAPHER’S NAME], with full right of disposition in any manner whatsoever, including the right to publish in any media form.

I hereby release [PHOTOGRAPHER’S/VIDEOGRAPHER’S NAME] and his/her legal representatives and assigns, and any third party which may use the image from any and all claims whatsoever in connection with the use, reproduction, publication of the images thereof.

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature for minor child

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Title/Organization

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Address Phone