



Photo Release Form

Subject Contact Information:

Name:

Address:

Email:

Phone:

Event Date:

Event:

Event Location:

I, _____, grant 7o2 Photography by Alexandra Mona the right to take photographs of the following individuals and myself at the above event.

Name, Age: _____

Name, Age: _____

Name, Age: _____

Name, Age: _____

I am aware that these may be used in several different medias including but not limited to social and print. I understand that these images may be used on the Internet. I transfer over full copyright usage to 7o2 Photography by Alexandra Mona.

I agree that 7o2 Photography by Alexandra Mona may use these images with or without my name for any lawful purpose including marketing, advertising, illustration, photo contests, and on the web.

I have read and understand the above. Agree Disagree

Date and Signature:

Date and Signature (parent or guardian)