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Release and Authorization to Photograph

I hereby acknowledge that I authorize my image to be photographed by

(Photographer's Name) _____ for Specialty Color Services' Photograph your love PhotoJournal Project.

I understand that this image(s) made may be shown to promote Specialty Color Services and/or the photographer on the internet, or elsewhere on electronic and/or printed media, including the final printed book produced for this project.

I acknowledge that I will receive no fee or remuneration for being photographed and that I do not expect to receive future remuneration for the uses of this image, and that I hold the photographer and Specialty Color Services harmless.
I acknowledge that this release is firm and final.

My signature below indicates that I agree with these terms and have provided my express written permission as outlined above

Person Photographed Printed Name

Date

Signature of Person Photographed
(Or Signature of Parent or Guardian if under 18yrs of age.)