



SCHWEINFURTH MEMORIAL ART CENTER

205 Genesee Street ▪ Auburn, NY 13021 ▪ 315-255-1553

Photo Release Form

Class: _____

I grant to the Schweinfurth Memorial Art Center, its representatives and employees the right to take photographs of myself or my dependant and property in relation to the above-identified class. I authorize Schweinfurth Memorial Art Center its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Schweinfurth Memorial Art Center may use such photographs of me or my dependant with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I understand that local representatives of the press under authorization of the Schweinfurth Memorial Art Center may take photographs of me or my dependant for use in publicity of Schweinfurth Memorial Art Center, its classes and events.

I have read and understand the above:

Photo Release For Person *Under 18 Years Of Age*

Permission (check one) : Granted _____ Refused _____

Minor's Name: _____

I certify that I am a custodial parent and have the aforementioned rights to assign.

Signature of Parent or Guardian: _____

Parent/Guardian Name Printed: _____

Date: _____

Photo Release For Person *18+ Years Of Age*

Permission (check one) : Granted _____ Refused _____

Signature _____

Printed name _____

Date _____