Photo Release Form



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Permission to Use Photograph

Subject:	
Location:	Date:
	representatives and employees the right to take photographs of e-identified subject. I authorize Michel Berner Photography, its lish the same in print and/or electronically.
I agree that Michel Berner Photography may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.	
I have read and understand the above:	
Signature	
Printed name	
Organization Name (if applicable)	
Address	
City, State, Zip	
E-Mail (to send link to view online proofs only)	
Signature, parent or guardian (if under age 18)	
	Today's Date: