

## Photo Release

**I hereby authorize and give full consent to the Society for the Blind to copyright, publish and display all photographs taken in which participant known as**

\_\_\_\_\_ **appears.**

(Participant's Name)

It is further agreed that the Society for the Blind may use or cause to be used his/her photographs for, or in, any and all exhibitions, public displays, publication, commercial art and advertising purposes, provided and upon condition that the Society for the Blind is duly credited when photographs are used or printed.

\_\_\_\_\_  
(Signature/Signature of parent or guardian)

\_\_\_\_\_  
(Date Signed)

Please return this completed form to designated Society for the Blind staff.