



Red Feather
PHOTOGRAPHY

Client information and release

Session date _____

Name _____

Additional Names _____

Address _____

Phone _____

Email address(s) _____

PLEASE INITIAL

I hereby grant Red Feather Photography and those acting under her permission or authority in connection with any and all photographs. They will take photos of the above subject listed. They have irrevocable rights and permission to copyright, publish, use, and reuse such photographs in any and all media now known or hereafter devised, worldwide, in perpetuity, for advertising, promotion, trade, exhibition, distribution, or any other lawful purpose whatsoever. _____

PLEASE INITIAL ONE OF THE FOLLOWING

I hereby acknowledge and represent that I am over the age of eighteen years and that I have read and I understand this release. _____

I hereby acknowledge and represent that the subject is a minor and that I am the parent or duly authorized representative of the subject and that I have read and I understand this release.

{PRINT name of subject}

{subject/guardian signature}

{date}

PLEASE INITIAL _____

NOTICE OF COPYRIGHT: It is illegal to copy or reproduce these photographs elsewhere without photographer's permission, and violators of this Federal Law will be subject to its civil and criminal penalties. All images are copyright Red Feather Photography/Jacque Haeffner .