Mind's Eye Photography

PORTRAITS ⋄ EVENTS

PHOTOGRAPHER RELEASE FORM

DATE: _____

PHOTOGRAPHER'S NAME: **Edward J. Chevalier**

Grants permission to reproduce the copyrighted image(s) taken on:

Model Information

Name:	
Address:	
Phone:	
Email:	
Shoot Date:	
Description:	

PLEASE CHECK ONE BOX:

_____ The copyright is being released for all photos taken for client on the above photo shoot date.

_____ The copyright is being released on the selected images listed below:

Photographer's Information

Name:	Edward J. Chevalier
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Email:	contact@mephotosa.com
Signature:	
Date:	