



Please send release to:  
Northwest Professional Color  
214 12th Street NW, West Fargo, ND 58078  
\_OR\_  
Fax: 701.282.7232

### **ADULT PHOTOGRAPH RELEASE**

For good and valuable consideration, receipt of which is hereby acknowledged, I hereby grant to \_\_\_\_\_ (“Photographer”) the irrevocable and unrestricted right and permission to take, use, reuse, publish and republish, photographic portraits or pictures of me, or in which I may be included, in whole or in part, composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium, at his/her studios or elsewhere, in any and all media now or hereafter known, for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever. I also consent to the use of any published matter used in connection therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other material that may be used in connection therewith or the use to which it may be applied.

I hereby release and discharge Photographer, his/her heirs, legal representatives and assigns, and all persons acting under his/her permission or authority or those for whom she is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel, defamation or invasion of privacy.

I hereby affirm that I am of full age and have the right to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

#### **Personal Information**

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Telephone: \_\_\_\_\_