

PHOTO RELEASE FORM

I, _____ grant permission and consent to Julie Tarantino, RN for the use of asthetic photographs for presentation under any legal condition, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

PAYMENT

I understand that there shall be no payment for this release.

ROYALTIES

I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

REVOCACTION

I understand that I may revoke this authorization at any time by notifying the Releasee in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be kept as long as they are relevant and after that time destroyed or archived.

I understand and agree to the aforementioned term and condition.

Client's signature: _____

Date _____