



Photo Release

Name: _____

I, _____ (please print), grant Farman Photography (Touches Of Color, *LLC*) irrevocable right and permission to use, reuse, and to reproduce in whole or in part the photographs taken of the Person listed for the purpose of publication, promotion, illustration, advertising, or other trade purposes, in any manner or in any medium.

I acknowledge that I am the Person listed and of age 18 years or over
 the parent or legal guardian of the Person listed

Signature _____ Phone _____

Date _____ Email _____