**Photo Release Form**

Jo.Z Beauty and Wellness

Jozbeautyandwellness.com

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with mailing address of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant permission and give my consent to, Jordan Zimmerman (Releasee), copyright holder of all Jo.Z Beauty and Wellness photography, hereby consent to use photographs, videotape, or digital recordings for presentation under any legal use for promotional use within the company of my work created at Jo.Z Beauty and Wellness.

**Revocation** (Initial boxes below)

\_\_\_\_\_\_ - I understand that with my authorization below the photograph(s) may never be revoked.

\_\_\_\_\_\_ - I understand that I may revoke this authorization at any time by notifying Jo.Z Beauty and Wellness LLC in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

Releasor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Releasee’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_