



Photo Release Form

Date: _____

Photographer/Videographer: _____

I hereby grant Cincinnati Museum Center my irrevocable permission to photograph, film or record my image for use in publications, film and video productions, new coverage and documentaries. This consent is granted without compensation. All copies of my image photographed, filmed or recorded under this agreement shall constitute the sole property of Cincinnati Museum Center, which has my permission to edit, alter, reproduce or use the images in any medium whatsoever without limitation or reservation.

Subject(s) in image

Last Name: _____ First Name _____

Date of birth (for a minor): _____

Address: _____

City: _____ State: _____ ZIP: _____

Signature: _____

Witness: _____

If the subject is a minor:

The person(s) above _____ (child's name) is under 18 years of age and I (parent or guardian's name) _____ do hereby certify that I have the right to consent and do consent to this agreement as his or her parent or legal guardian.

Name (please print): _____

Signature: _____

Witness: _____