

PHOTO PERMISSSIONS & RELEASE FORM

I _____ hereby give KOKO KING PHOTOGRAPHY (*The Artist*) permissions to take my photo (*My Image*).

Please check all that apply:

I hereby give *The Artist* the irrovocable right to use my photograph l image for the intent to publish for portfolio purposes. I awknowledge, understand and agree to the use of *My Image* being published on websites, social media, magazines, books, promotional flyers, television broadcast and any other publications as released to or by *The Artist* and affiliates.
I understand the artist can not control unauthorized use of *My Image* by persons not associated with *The Artist* once *My Image* has been published.

I hereby waive any right to inspect or approve any publication of *My Image* by *The Artist*.

I hereby give permission to *The Artist* to use *My Image* for intents to sell/profit from downloads, prints, and publications made from *My Image* free of charge.

I hereby give permission to *The Artist* to use *My Image* for intents to sell/profit from downloads, prints, and publications made from *My Image* under the following terms:

I truthfully awknowledge I am under no previous provisions or contracts under which *My Image* is owned/ governed by agents not associated with *The Artist*, and warrant *My Image* as free to use without breach of existing contracts, and *My Image* is free for *The Artist* to use without infringement.

I agree to have nude photos taken by *The Artist*

I testify I am at least 18 years of age or older

I give *The Artist* permissions to photograph a minor whom I am a legal guardian of

* NAME OF MINOR(S) if applicable _____

I give *The Artist* permission to publish photos of the minor mentioned above.

*I awknowledge My Image is my own, and the rights in which to use my image are being granted to The Artist and not wholly governed by.
I have carefully reviewed and understand the above provisions and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release & Waiver.*

NAME: _____ DATE: _____

SIGNATURE: _____

WITNESS NAME: _____ DATE: _____

WITNESS SIGNATURE: _____