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GROUP RELEASE - NATIONAL COMPETITION

School/Organization Name:	
Administrator Name:	
Address:	
Admin. Email:	
Description of Group:	-
Photographer Name:	Date of Shoot:
Company Name:	
Address:	
Photographer Email:	
THIS AGREEMENT HAS FOUR MAIN TERMS:	
 "We have written approval from all models, parents, legal guardians, coaches, and staff to enter into this Agreement, and we are prepared to share those agreements with you." 	
2. We consent to photos of all group participants." I represent that I am authorized to irrevocably grant Photographer, the School Photographers of America Association (SPOA), and their affiliates, licensees, agents, and assigns ("Authorized Persons"), permission and the right to photograph all group participants ("Models"), and the right to use any and all photographic or other images taken of Models on the date set forth above ("Images"). I acknowledge that there is sufficient consideration for our consent, waiver and release of liability set forth herein.	
Authorized Persons may use, re-use, publish, re-publish, repraand other business purposes in perpetuity, in all formats, t	hroughout the world. I understand that the Images may be her content. I understand that the Images may be used but ew, and we agree not to interfere with such use. Finally, we
To the fullest extent permitted by applicable law, we, on bell hereby irrevocably waive any and all rights relating to the Ir against all actions, liabilities, or claims now known or herea Persons' exercise of their rights under this Agreement or any	fter known arising directly or indirectly from the Authorized other use of the Images.
BY SIGNING, I, ON MY OWN BEHALF, ON BEHALF OF THE S CONSENT TO AND APPROVE IN ALL RESPECTS THE TERMS OF	

SIGNATURE OF ADMINISTRATOR: