



www.schoolphotographersofamerica.com

Group - National Competition Model Release

For good and valuable consideration received, including the opportunity to have our school and or group represented, hereby irrevocably grant to _____ (“Photographer”) and Photographer’s affiliates and School Photographers of America (SPOA), licensees, agents, and assigns, the irrevocable, perpetual, and unrestricted right and permission to take photographic portraits or pictures of me (or the minor below, as applicable) or in which I may be included (collectively, “Images”), and to use, publish, reproduce, and distribute the Images for commercial, advertising, editorial, trade, illustration, training, or other purposes, in any manner or medium, whether now or hereafter devised, including without limitation print, digital, online, and social media, throughout the world, in perpetuity. I understand the Images may be modified, altered, cropped, and combined with other content.

I waive any right to the images, including the right to inspect or approve any use of the Images and waive any claim for additional consideration for any use of the Images. I acknowledge and agree that this release is binding on my representatives, heirs and assigns.

I release Photographer, Photographer’s affiliates, and School Photographers of America (SPOA), licensees, agents, and assigns from and against any and all actions, liabilities, losses, demands, or claims that I have or may have in the future for rights of publicity, invasion of privacy, and/or any other tort or causes of action arising out of any use of the Images, even if such use is objectionable to me. I understand this chosen group image or one of them may be entered into a National Competition and that if this image is selected as a finalist may be used by School Photographers of America (SPOA) in marketing, communications, press releases and other communication/marketing channels. ***I have gained approval from all parents, coaches, and staff to allow this image to be used nationally.***

School or Organization Administrator: _____

Photographer Information:

Name: _____ Company Name: _____
City: _____ State: _____ Website: _____
Email: _____
Date of Shoot: _____
Signature of Photographer: _____

School/Organization Information:

Admin Name: _____ Title: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Date: _____

Description of Group: _____

