

# EMPLOYEE PHOTO RELEASE FORM

An employee of \_\_\_\_\_ I \_\_\_\_\_ consent to my employer's legal representatives and assigns, the entities for which my employer acts, and those acting in its behalf, or its employees, taking photographs of me and using them legally.

It is understood that I will not be paid for these photographs and that I have no rights to them. I am a volunteer participant. I waive all rights to inspect or approve the finished photograph or any advertising copy or printed matter that may be used in conjunction therewith or for its ultimate use. By making, showing, using, or distributing these photographs/videos, I release my employer, its officers, employees, and agents from any and all claims for harm and liability that may result from distortion, blurring, alteration, optical illusion, or composite use, either intentionally or otherwise.

Before affixing my signature below, I have read this release and consent form and am in agreement with all of its terms.

**SIGNATURE of EMPLOYEE:** \_\_\_\_\_ Date \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ Date \_\_\_\_\_