



Photo Release Form

I grant to **SMITH PRODUCTIONS.ORG/ ADCS**, the right to take photographs of me. I authorize **SMITH PRODUCTIONS.ORG/ ADCS**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **SMITH PRODUCTIONS.ORG/ ADCS** may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)