Sami
PHOTOGRAPHER AND PRINTMAKER

PERMISSION TO PHOTOGRAPH A MINOR CHILD

I, _____, AM PARENT OR GUARDIAN OF
(PARENT/GUARDIAN NAME)

_____, WHOSE BIRTH DATE IS __/__/___
(NAME OF MINOR) (D.O.B.)

I give Studio Sami Photography, the photographer, permission to photograph the minor. Studio Sami Photography may retouch, enhance, and/or remove blemishes from images of the minor and may use images for the photographer's sales, exhibitions, and for advertisements that promote the photographer skills in appreciation Studio Sami Photography will provide low-resolution file from every ordered image for viewing purpose only. I understand that it is illegal, under Federal Copyright Law, to make copies or have copies made from photographic sessions without the expressed written consent of Studio Sami Photography. This includes all forms of reproduction, including photographic or electronic.

Studio Sami Photography agrees not to use or allow images of the subject to be used in ways that would slander, embarrass, attack, or deform the character of the minor.

_____ _____
PARENT/GUARDIAN SIGNATURE DATE

_____ _____
MINOR'S SIGNATURE DATE

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