

# Photography Permission & Model Release

Family Last Name \_\_\_\_\_

First names of children (under the age of 18) to be photographed:

\_\_\_\_\_  
\_\_\_\_\_

First and last names of adults (over the age of 18) to be photographed:

\_\_\_\_\_  
\_\_\_\_\_

> Please confirm the selections below with other adults being photographed <

\_\_\_\_ I give permission for my child(ren) to be photographed by Kim Jaeckel and for these images to be posted to a private, password-protected gallery on the website [www.kimjphoto.com](http://www.kimjphoto.com).

\_\_\_\_ *(optional)* I give permission for these images to be to used for business promotion by Kim Jaeckel *(without any identifying information)* in marketing materials including, but not limited to: portfolio, website, display, advertising, and social media.

Parent/Guardian Name \_\_\_\_\_

Email address to send link/password \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

