PHOTO CONSENT FORM

I, [Insert Name] with a mailing address of [Insert Address] City of [Insert City/Town], State of [Insert State] (the “Releasor”) grant permission and give my consent to [jurisdiction/organization] (the “Releasee”) for the use of any photograph(s) or electronic media images taken in or during the exercise, [exercise name] for presentation under any legal use:

**Revocation** (check one)

☐ - I understand that with my authorization below the photograph(s) may never be revoked.

☐ - I understand that I may revoke this authorization at any time by notifying [Point of Contact information] in writing. The revocation will not affect any actions taken before the receipt of this written   notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

Releasor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Releasee’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_