

Photo Permission & Release Form

Thank you for participating in *One Day in the Life*, a community photo project presented by Charlevoix Circle of Arts.

This form may be used by photographers to obtain permission from identifiable individuals photographed in private settings, close-up portraits, or other situations where consent is appropriate.

Photographer Name: _____

PHOTO SUBJECT INFORMATION

Name of Individual(s) Being Photographed: _____

Phone or Email: _____

If the individual photographed is under 18 years old:

Name of Parent/Guardian: _____

I grant permission to the photographer listed above and to Charlevoix Circle of Arts to use photographs in which I (or my child) appear for purposes related to the *One Day in the Life* community photo project, including:

- Public exhibition and display
- Printed materials
- Website and social media promotion
- Educational and archival purposes
- Project-related publicity and marketing

I understand that:

- The photographs may be displayed publicly in physical and digital formats.
- No compensation will be provided for use of the images.
- The photographs will not be sold independently for commercial advertising purposes without additional permission.

I release and hold harmless the photographer and Charlevoix Circle of Arts from claims related to the use of these images for the purposes stated above.

**Signature of Individual Photographed
(or Parent/Guardian if under 18):** _____

Date: _____