

California Film Institute
1001 Lootens Place, Suite 220
San Rafael, CA, 94901

PHOTOGRAPHIC RELEASE LETTER

Event: _____

Location: _____

I hereby grant to the California Film Institute, and their respective licensees, successors and assigns, the right to take photographs of me or the minor named below on whose behalf I am signing in connection with the above identified event. I authorize the California Film Institute, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the California Film Institute may use such photographs with or without my name, or the name of the minor on whose behalf I am signing and for any lawful purpose, including for example such purposes as publicity, advertising, and web content.

I hereby certify that I am the *[parent and/or guardian]* of _____, a minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.

I have read and understand the above:

Signature _____ Date: _____
Parent or Guardian of Minor (if under age 18)

Printed Name: _____
(Print Clearly)

Address: _____

Phone: _____ Email: _____

