

Special Kids Photography of America

Consent to Photograph

(Release and Assignment)

To: Special Kids Photography of America

I give my consent for me or my child to be photographed and/or video taped for the educational and promotional purposes of Special Kids Photography of America, an organization founded with the specific purpose of providing the means for creation of cherished photographs of children who have a physical or mental disability or who are seriously ill. With respect to all such pictures, and any reproductions of same in any medium, for valuable consideration, I hereby irrevocably: (a) consent to and authorize the use of by you, or anyone authorized by you, of their use, reproduction, distribution, sales, and exhibition for any purpose and in any medium whatsoever, including (but not by way of limitation) the sale, publication, display and exhibition thereof for educational purpose without any compensation or notice to me, (b) consent to the use of my (or my representative's) name, and (c) grant and assign to you the right to secure copyright throughout the world in your name, or otherwise on the pictures and any reproduction of same in any medium, (d) release discharge and acquit you from any claims, demands or causes of action that I hereinafter have against you by reason of anything contained in such pictures and reproduction thereof or in the advertising or publicizing thereof. This instrument shall ensure to your benefit, as well as to the benefit of your subsidiaries, affiliates, licenses, successors and assigns.

To cut through all the above legal language, the photo of your child may possibly be used on the SKPA website, television interview, in a note cards book, magazine article, art exhibit or some other activity in connection with SKPA programs.

| INFORMATION PROVIDED BY PARENT | PHOTOGRAPHER'S INFORMATION AND CONSENT |
|--|--|
| Print child's name | Print photographer's name |
| Child's age at time of photo Date of photograph | Affiliation (studio or group) |
| Print name of parent(s) and | Address |
| Address | City State Zip |
| City State Zip | Tel (day) (eve) |
| Tel (day) (eve) | Fax email |
| Type(s) disability / illness | Camera used Film type |
| Venue of photo | Type lens or resolution |
| Describe child's activity in photo | Special technique(s) used |
| <input type="checkbox"/> Use child's first name only in title credits | Other remarks |
| Comment: | IMPORTANT-PHOTOGRAPHER PLEASE SIGN |
| | <input type="checkbox"/> I give Special Kids Photography of America permission to use my photo(s) for promotional purposes to further its objectives and goals in serving children with special needs. |
| _____ Signature by Parent or Guardian Date | _____ Photographer also agrees to above conditions (signature) Date |

Send completed and signed release to Special Kids Photography of America, 7125 W. La Senda Drive, Glendale, AZ 85310. Questions? Email skp@specialkidsphotography.com or call 623 572-0046