

PHOTOGRAPHER'S COPYRIGHT RELEASE CONSENT FORM

STUDENT NAME: _____

DATE(S) TAKEN: _____

As the photographer, I (we) own the _____ (print name of
photographer or company) copyright in the accompanying film, print, proof, slide, negative and/or
computer file, depicting the above named student.

I (we) authorize the representatives of the CAP IT Tampa Events Committee to reproduce the photo(s) described above for use in the program, scrapbook and other uses related to the CAP IT Tampa Events Committee. Any restrictions on the use of the photo(s) are described in the notes below.

Photographer Name: _____

Photographer Address: _____

Photographer Phone: _____

Photographer Signature: _____

NOTES: