

## Parental or Guardian's Consent to Be Photographed & Published



I, \_\_\_\_\_ (name of parent/guardian) as parent or legal guardian,  
authorize Darrin Harris Frisby to photograph \_\_\_\_\_ (name of  
model/subject) on \_\_\_\_\_ (date) while, \_\_\_\_\_ (description of context).

I further authorize that the photographs may be published for any purpose and in any form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Notes:

Please return this signed and dated release to: Darrin Harris Frisby :: email: [photos@10pointproductions.com](mailto:photos@10pointproductions.com) or fax 866-306-2571

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