



Photo Release Form

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I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Name(printed) _____ Signature _____ Date _____ Address _____ _____ Phone Number _____ Email _____	Additional Persons appearing in photographs: <small>[address not necessary if same as left column]</small> Name(printed) _____ Signature _____ Date _____ Address _____ _____ Phone Number _____ Email _____
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Client Response

If you wish to, please write a brief description of your photo session experience, your reaction to your photographs, or anything else you desire to be used on the “Client Response/Testimonial” page of the Austin ImageWorks website. ~ Thank you for contributing! ~
