

## Photo Release Form



I, \_\_\_\_\_, hereby grant **Lakshmi Shaji** permission to use photograph titled *Dan* (pictured to the left). in any and all of her publications, including but not limited to all of Lakshmi Shaji's printed and digital publications. I understand and agree that this photograph will become property of Lakshmi Shaji.

I acknowledge that since my participation with Lakshmi Shaji is voluntary, I will receive no financial compensation.

I hereby authorize Lakshmi Shaji to edit, copy, exhibit, or publish this photo for purposes of publicizing Lakshmi Shaji's portfolio, social media, programs or for any other related, lawful purpose. In addition, I waive the right to revoke use of the photograph after publication. I agree to give credit to Lakshmi Shaji upon using the photograph on personal social media platforms or other mediums of publication. Additionally, I waive any right to royalties or other compensation arising out of, or related to, the use of the photograph.

I hereby hold harmless and release and forever discharge Lakshmi Shaji from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf have or may have by reason of this authorization.

I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

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(Signature and Date)

Name \_\_\_\_\_

Email Address \_\_\_\_\_

**Thank you!**