

Photography Consent Form for Recognizable Persons

For photographs or video/film, you must complete this form for EACH recognizable person. This form may be photocopied. Attach to the submission form.

Date _____ Title of Work _____

THIS IMAGE OF ME MAY BE ENTERED FOR JUDGING IN THE SCHOLASTIC ART AWARDS. I HEREBY IRREVOCABLY CONSENT THAT, IF THIS WORK EARNS A REGIONAL OR NATIONAL AWARD, IT MAY BE USED BY THE ALLIANCE FOR YOUNG ARTISTS & WRITERS, INC. OR ANY OTHER SPONSOR FOR PUBLICATION OR DISPLAY IN ANY MANNER.

Signature of subject _____

Address (Street or P.O. Box) _____

City _____ State _____ ZIP _____

Signature of Witness (or Guardian, if subject is under 18) _____

Address (Street or P.O. Box) _____

City _____ State _____ ZIP _____