



This is a typical release form used to secure permission to use an individual's likeness with or without identification.

## Photo Release Form

Clarksville-Montgomery County Community Health Foundation, Inc.  
120 South 2<sup>nd</sup> Street, Suite 201  
Clarksville, TN 37040

### Permission to Use Photograph

Subject: \_\_\_\_\_

Location: \_\_\_\_\_

I grant to Clarksville-Montgomery County Community Health Foundation, Inc., its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Clarksville-Montgomery County Community Health Foundation, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Clarksville-Montgomery County Community Health Foundation, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)