

PHOTO/VIDEO RELEASE FORM Artists

I, the undersigned, _____

Place of Birth (city, country) _____

Date of Birth _____

Resident in (address, city, country) _____ n° _____ Street

In reference to images captured by photographers during the following event

_____ / _____ / _____ at

Declare that I:

AUTHORISE

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(Place) _____ (date) _____

Signature _____

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I consent I do not consent

Place _____ Date _____

Signature _____