

Consent Statement to participate in Photography

I, _____, hereby release full rights to reproduce pictures or video in which I may appear, in whole or in part, to Thomas J. Macheski, d.b.a. Mad Shutter-bug Photography. These rights shall include but not be limited to altered images, electronic images, and all other reproductions of these images, for use in advertising, trade, displays, magazines, portfolios, or any purpose deemed appropriate by Thomas J. Macheski, d.b.a. Mad Shutter-bug Photography.

I release Thomas J. Macheski d.b.a. Mad Shutter-bug Photography and those acting with its authority from any responsibility, damage, or liability which may result from the taking and reproduction of said pictures; this shall include, but not be limited to, any claims for libel or invasion of privacy.

I waive any right to review or approve any works in which images of me may appear, and any right I may have to approve of the product or products, advertiser or advertisers, or any text that may be used in conjunction with my portrait or photograph or image.

By signing below I signify that I am at least 18 years of age, and that I was 18 years of age or older at the time the photographs or videos were taken. I also certify that I am able to contract in my own name.

I further represent that have I provided two valid and correct identification documents to Thomas J. Macheski, d.b.a. Mad Shutter-bug Photography, and that a true and accurate copy of each identification document is attached to this consent agreement. I further represent that the following are every name, other than my present and correct name (which appears below), that I have ever used (including maiden name, alias, nickname, stage or professional name):

I further represent that I have read this consent agreement prior to signing it, and that Mr. Macheski has explained the purposes and goals of the photographic session to which I am consenting. I have not been induced to sign the same, other than by the receipted consideration, by representation or statement made by Thomas J. Macheski, d.b.a. Mad Shutter-bug Photography or agents, employees or anyone acting on behalf of Thomas J. Macheski, d.b.a. Mad Shutter-bug Photography. By signing below I fully understand and agree to the acceptance notes and reimbursement information listed in the attached document.

Date: _____
Social Security No.: _____
Participant's Legal Signature*: _____
Full Legal Name (printed legibly): _____
Current Pseudonym or Stage Name: _____
Address: _____

Sign and mail this release form with the picture(s) or video(s) of your choice to:

Thomas J. Macheski
P.O. Box 731
Archer, Florida 32618-0731
Phone: (352) 528-4443
OR-Nurse@worldnet.att.net

*Participant Note: Please note that all participants in a photo or in a video session must sign and submit a photo/video release statement.

For Official Use Only

Thomas J. Macheski, d.b.a. Mad Shutter-bug Photography has been shown the following items as proof of age of the participant or performer, copies of which have been left with the "owner", Thomas J. Macheski, d.b.a. Mad Shutter-bug Photography:

(Signature) _____

Date: