

Release Verification Form

The subject of the photo (or his/her legal guardian) must give written permission to the photographer for his/her image to be shown. This especially applies to photographs of people, but may also apply to property or other subject matter. If in doubt, obtain written permission before submitting a photograph.

It is the responsibility of the photographers to verify that they have obtained a signed release.

I verify that I have obtained the appropriate signed release certifying that the attached photograph may be shown in the "A Day in the Life of Mount Vernon" public photography exhibition.

Photographer's signature _____

Photographer's printed name _____

Date _____

Release Verification Form

The subject of the photo (or his/her legal guardian) must give written permission to the photographer for his/her image to be shown. This especially applies to photographs of people, but may also apply to property or other subject matter. If in doubt, obtain written permission before submitting a photograph.

It is the responsibility of the photographers to verify that they have obtained a signed release.

I verify that I have obtained the appropriate signed release certifying that the attached photograph may be shown in the "A Day in the Life of Mount Vernon" public photography exhibition.

Photographer's signature _____

Photographer's printed name _____

Date _____

Release Verification Form

The subject of the photo (or his/her legal guardian) must give written permission to the photographer for his/her image to be shown. This especially applies to photographs of people, but may also apply to property or other subject matter. If in doubt, obtain written permission before submitting a photograph.

It is the responsibility of the photographers to verify that they have obtained a signed release.

I verify that I have obtained the appropriate signed release certifying that the attached photograph may be shown in the "A Day in the Life of Mount Vernon" public photography exhibition.

Photographer's signature _____

Photographer's printed name _____

Date _____