

Photo Release Form

I, _____, hereby grant the Arizona Commission on the Arts (“Arts Commission”) permission for the use of the supplied photograph of myself (copy attached or otherwise supplied to the Arts Commission).*

I agree the Arts Commission and its assignees and designees may use the photograph to educate and inform the public about Arts Commission programs or to educate Arizonans about the Arts Commission in any of the following ways:

1. Print Media. The Arts Commission may use the photograph in print materials.
2. Lectures. The Arts Commission may utilize the photo for presentations about Arts Commission programs which are open to the public.
3. The Internet. The Arts Commission may utilize the photograph on its website (www.azarts.gov), in social media posts, in videos published to the web, or through electronic mailings.
4. Television. The Arts Commission may utilize the photograph in television segments or programs to be aired on local, public, cable, satellite, and/or digital TV.
5. DVD. The Arts Commission may utilize the photograph in DVD to be distributed for free as a public service announcement or educational video.
6. Successor Technologies. The Arts Commission may utilize the photograph in subsequently developed technologies.

I recognize that any educational materials containing the work sample may be distributed or broadcast nationwide. I release the Arts Commission and its assignees and designees from any and all claims and demands arising out of or in connection with the use of the work sample. I certify that I have all rights necessary to agree to these terms.

The photograph should be credited as follows (complete as many fields as apply):

Title of photograph: _____
Full name of artist pictured: _____
Full name of photographer to be credited for image: _____

*If a minor child is pictured in the work sample, your signature confirms that you are authorized to act on his or her behalf, as either parent or legal guardian.

Signature of Rights Holder _____ Address _____
Print Name _____ City, State, Zip _____
Date _____ Phone _____