



Colorado
Photographic
Arts Center

Parent/Guardian Model Release for Teen

Please turn this into the instructor on the first day. This form is optional. If you do not want your teen photographed, please let our staff know in advance.

I hereby consent that the photographs taken at **CPAC's Teen Summer Camps – CLASS**, may be used by the Colorado Photographic Arts Center; for the purpose of advertising, grant proposals, social media, or publications to promote the gallery. I further agree that the images can be used without additional compensation to the undersigned. I also declare that I have legal authority to grant these permissions and I accept all responsibilities for such.

I have read the foregoing and fully understand the contents hereof. I represent that I am the parent/guardian of the below named model. For value received, I hereby consent to the foregoing on his/her behalf.

The Model's signature is testament to understanding and acceptance of this Release Form.

PLEASE PRINT NEATLY!

Teen's Name

Parent/Guardian's Signature

Date

Mailing Address

Phone #

Email Address

Teen's Date of Birth