



REGIONAL OFFICE OF EDUCATION
KANE COUNTY

Photo Release Form

Photo Release Form: (required for each photo submitted)

PLEASE PRINT OR TYPE

Photographer's Name (first and last): _____

School: _____

Grade: _____ Today's Date: _____

Art Teacher's Name: _____

Photographer's Phone Number

(Can the ROE text information about photo contest to this number? Yes / No): _____

Photographer's Email: _____

I hereby grant the Kane County Regional Office of Education (Kane ROE) permission to use my likeness, name or images I have photographed in any and all publications: including website, without payment or any other consideration in perpetuity. I understand and agree that these photos can be used Kane ROE as stated above. My photos can also be used for my personal or professional use. I hereby irrevocably authorize Kane ROE to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Kane ROE or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Kane ROE from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature of Photographer: _____ Date: _____



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KaneROE.org | (630) 232-5955 | hello@kaneroe.org