



## Photo Model Release Form

I, \_\_\_\_\_ (please print), grant permission to the College of Education University of Colorado Colorado Springs to reproduce the photographs taken of me for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

I acknowledge that I am  over the age of 18  
 the legal guardian of the following

If legal guardian of model(s), please list name(s) here:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_