**PHOTO & RELEASE FORM**

I, [Name], hereby grant permission to Phoenix Eye Films ("Company") to use my likeness in photographs and/or videos. I understand that these photographs and/or videos may be used for promotional, educational, or documentation purposes, including but not limited to publications, websites, social media, and other promotional materials.

**Details of Use:**

* The photographs and/or videos may be edited, copied, exhibited, published, or distributed by Phoenix Eye Films.
* I waive any right to inspect or approve the finished product wherein my likeness appears.

**Release and Indemnification:**

* I release Phoenix Eye Films, its employees, officers, directors, and agents from any liability, claims, demands, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may occur in connection with the use of my likeness.

**Ownership:**

* I understand and agree that Phoenix Eye Films owns all rights to the photographs and/or videos in which my likeness appears.

**Duration:**

* This release applies to all uses of my likeness by Phoenix Eye Films indefinitely.

**Revocation:**

* I understand that this release is irrevocable, meaning that I cannot revoke it at any time.

By signing below, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for Phoenix Eye Films.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[Name]

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[Name]

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Consent (if participant is under 18 years old):**

I, [Parent/Guardian Name], hereby consent to the above Photo and Video Release on behalf of my child, [Participant's Name], who is under the age of 18.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[Parent/Guardian Name]

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ensure that both the participant (or their parent/guardian if under 18) and a witness (if applicable) sign the form. Retain copies of signed release forms for your records.

Please email this form back to info@phoenixeye.com.au