

Media Release and Authorization Form

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This agreement is made and entered into on the date indicated below by the undersigned individual or, if applicable, the undersigned as the parent or legal guardian of the minor child/ward named below (hereinafter referred to as the "Releasor"), in favor of Adam Geiger and 3Suns Photography, including its owners, agents, employees, contractors, affiliates, licensees, and assigns (collectively, the "Released Parties"):

Subject Information

Name of Subject: _____

Subject's Birthdate: _____

1. Consent and Authorization

The Releasor hereby grants full permission to the Released Parties to photograph, video record, or otherwise capture the likeness, voice, and/or image of the Releasor or their child/ward as of:

Date: _____

This authorization extends to all forms and formats of media now known or later developed, for lawful purposes including, but not limited to, advertising, marketing, editorial, promotional, or commercial use, whether in print or digital form.

2. Rights Waived

The Releasor waives any right to inspect or approve the finished media or any use thereof and waives any and all rights to royalties, compensation, or other remuneration arising from such use.

3. Ownership and Alteration

The Releasor acknowledges that all media created shall be the sole property of the Released Parties, and may be edited, enhanced, altered, cropped, copied, exhibited, published, or distributed without further notice or additional consent.

4. Release of Liability

The Releasor releases and forever discharges the Released Parties from any and all claims, demands, or causes of action, whether known or unknown, arising out of or related to the use of the media as described above, including without limitation any claims for defamation, invasion of privacy, or violation of any right of publicity or copyright.

5. Legal Authority

If signing on behalf of a minor child/ward, the undersigned affirms that they are at least 18 years of age and the parent or legal guardian and have full legal authority to execute this release on behalf of the minor.

Name of Releasor: _____

Relationship to Subject (if applicable): _____

Signature: _____

Date Signed: _____