

# Photography and Videography Authorization Agreement

This agreement is made between:

**Name:**

**Address:**

**Phone Number:**

**Email:**

## Authorization

I hereby grant permission to the following entity/individual:

**Photographer/Videographer Name:**

**Company/Organization:**

to take photographs/video recordings of me and/or my property during the event described below:

**Event Name/Description:**

**Date of Event:**

**Location:**

## Consent

I authorize the use and publication of these photographs/video recordings for the following purposes (check all that apply):

☐ Website

☐ Social Media

☐ Print Materials

☐ Other:

I understand that I will not receive any compensation for the use of these photographs/video recordings.

**Signature:**

**Date:**