

# 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: