

# PHOTO RELEASE FORM

I, \_\_\_\_\_ with a mailing address of \_\_\_\_\_  
City of \_\_\_\_\_, State of \_\_\_\_\_ (the "Releasor") grant  
permission and consent to **Village Discount Drugs** (the "Releasee") for the use of the  
following photograph(s) as identified below for presentation under any legal condition,  
including but not limited to: publicity, copyright purposes, illustration, advertising, and  
web content:

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Describe Photo(s)

## Payment

- I understand that there shall be no payment for this release.

## Royalties

- I understand that no royalty, fee, or other compensation shall become payable to  
me by reason of such use.

## Revocation

- I understand that I may revoke this authorization at any time by notifying the  
Releasee in writing. The revocation will not affect any actions taken before the receipt of  
this written notification. Images will be stored in a secure location and only authorized  
staff will have access to them. They will be kept as long as they are relevant and after  
that time destroyed or archived.

We, the Releasor and Releasee, understand and agree to the aforementioned terms and  
conditions.

**Releasor's Signature** \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Releasee's Signature** \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_