

SHOAL CREEK OUTFITTERS

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Photo Release Form

Subject:_____

I grant Shoal Creek Outfitters, its representatives and employees the right to take photographs of me, my pet(s) and my property in connection with the above-identified subject. I authorize Shoal Creek Outfitters, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Shoal Creek Outfitters may use such photographs of me with or without my name and for lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

I have read, understand and agree to the above:

Signature_____

Printed name_____

Practice name_____

Date____/____/____

Signature, parent or legal guardian_____