



Bedazzled boutique

Bedazzled boutique | The Shops of Springtown Point | 206 S. Newtown Road | Newtown Square, PA | Phone: (610) 359-1707 | Fax: (610) 359-1708

Bedazzled Boutique Photo Release Form

We are so excited you want to share your Bedazzled style with us! In order for us to place your photograph on our site, www.bedazzledboutique.com, we need you to fill out this photo release form. Once the form is complete please mail or fax this form with along with a copy of your photograph. On the back of the photograph please include your name, phone number and email address. We will email you within 2 business days of receiving your information to confirm receipt. You will then need to email us an electronic version of your photo in .jpg format. Please contact us with any questions or concerns.

I, _____, hereby grant permission to Bedazzled boutique to use my photograph on its website, www.bedazzledboutique.com or in other printed publications without further consideration. I acknowledge Bedazzled boutique's right to crop or treat the photograph at its discretion. I also acknowledge that Bedazzled boutique may choose not to use my photo at this time, but may do so at its own discretion at a later date. I also understand that if my photograph is used on the website the image can be downloaded.

I understand that this form legally releases Bedazzled boutique from all liabilities, obligations and responsibilities resulting from the use of my photograph on this website.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

(Signature)

_____/_____/_____
(Date)

(Printed Name)

If the person signing this photo release form is under age 18, there must be consent by a parent or legal guardian as follows:

I hereby certify that I am the parent or legal guardian of _____, named above and do hereby give my consent without reservation for their image to be published. I have read this release and I fully understand the contents, meaning and impact of this release.

Name of Child: _____

(Signature of Parent or Legal Guardian)

_____/_____/_____
(Date)

(Printed Name)