

Whitecaps Photo Release Form

Permission to Use Photograph

Subject: _____

Location: _____

I grant to [Whitecaps], its representatives and employees the right to use all submitted photographs and testimony in connection with the above-identified subject. I authorize [Whitecaps], its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that [Whitecaps] may use such photographs and testimony with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

E-mail Address: _____

Mail to: Whitecaps, 1920 Tower Industrial Drive, Monroe, NC 28110
Fax to: (704) 226-9797 or E-mail: reggie@whitecaps.com