

Release Form Agreement

Release

The undersigned agrees to release the rights to the photos he/she is shown in. The person requesting this release form can do with what he/she wishes with the pictures. You agree that you are over the age of 18 at the time the pictures were taken.

Confidentiality

We will keep all of your records and information confidential unless by court order we have to release the records.

Please (print legibly) and fill out all of the information below. Please send with this proof of your age with this form.

Who are you signing this release for (the name of the person): _____

Full Name: _____
(First) (Last) (Middle)

SSN#: _____

Address: _____

City: _____ State/Province: _____

Zip/Mailing Code: _____ Country: _____

Telephone number (including are/country code): _____

Age: _____ Date of Birth: _____

Current e-mail address: _____

Please understand that by signing this agreement you agree to all of the terms and conditions set forth in the entire Agreement. Please accompany this Agreement with a current/valid photo ID.

Signature: _____ Date: _____

I agree to all of the terms set forth in this Agreement.

Pease send the completed form to the address below:
Triple sSs Publishing

P. O. Box 1075
Lancaster, OH 43130