Photo Release Authorization

This release form is based on the Simplified Model Release form of the American Society of Media Photographers (ASMP).

Date _____

Permission for Photography and Videography

I grant to Symbria the absolute and irrevocable right and unrestricted permission concerning any photographs or videos taken of me or in which I may be included with others, to use, reuse, publish, and republish the photographs or videos in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, for the purpose of advertising, publicizing or marketing or any other commercial purpose, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration; and to use my name in connection with any use if Symbria so chooses. I understand and agree that these materials will become the property of Symbria and will not be returned. I waive any right to royalties or other compensation arising or related to Symbria's use of the photographs or videos.

I release and discharge Symbria, any of its associated or affiliated companies, their directors, officers, agents, employees, customers, and Symbria's appointed advertising agencies, officers, directors, agents and employees from any and all claims and demands that may arise out of or in connection with the use of the photographs or videos, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of Symbria.

I am a legally competent adult and have the right to contract in my own name. I have read this document and fully understand its contents, meaning and impact. This release shall be binding upon me and my heirs, legal representatives, and assigns.

After completing the photo consent form, please take a photo or scan of the document and email it to psvora@symbria.com.

Signature X _____

Printed Name _____

Email _____

Street Address _____

City, State, Zip _____

Telephone _____

Date _____

Witness X _____

Street Address _____

City, State, Zip _____

Telephone _____

Date _____