

REQUEST FOR PERMISSION TO USE PHOTOGRAPH

TO: Lifetouch National School Studios Inc.  
Attn: Customer Service  
601 West Ontario Drive  
Muncie, IN 47303  
Phone: 888-444-9564  
Fax: 918-838-2974

Federal and state copyright laws provide that the author of a work is the owner of it. Copying, reproducing, preparing derivative works, reprinting, or displaying the copyrighted work publicly without the author's permission is a violation of the law. This is true whether the image contains a copyright notice on it.

Please authorize use of the Lifetouch photograph of the student or staff member ("Student") named below for the purpose indicated. If the Student is a minor, I certify that I am the parent/guardian of the minor Student and have the full legal right to make this request of Lifetouch. As the requesting party, I agree to limit use of the photograph solely to the purpose requested. The following information is true and complete:

Parent/Guardian Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_ E-mail \_\_\_\_\_  
Student Name and Address \_\_\_\_\_  
\_\_\_\_\_

Place Portrait Taken: ( ) Preschool ( ) School ( ) Studio ( ) Sports ( ) Dance ( ) Other \_\_\_\_\_  
Grade/Group: \_\_\_\_\_ Year Portrait Taken: \_\_\_\_\_

School Name, Address and Telephone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Limited Purpose for Use of Portrait** (*must be completed*): For Use on Wheaties Cereal Box and other personalized photo offers  
\_\_\_\_\_  
\_\_\_\_\_

*If any claim is made against Lifetouch National School Studios Inc., its affiliated companies or their officers, employees, or representatives ("Lifetouch") in connection with use of the photograph or any false statements made in this Request, the undersigned will indemnify, defend and hold Lifetouch harmless from any and all claims, demands, liabilities, damages, costs and expenses, including attorneys fees. I waive and release any claim I may have against Lifetouch now or in the future, with respect to the use of the photography.*

Return the Release by ( ) Mail or ( ) Fax To: \_\_\_\_\_  
\_\_\_\_\_

Student Signature if 18 or over: \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature of minor: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_  
\_\_\_\_\_

**LIMITED COPYRIGHT RELEASE**

In consideration of the request and indemnification provided by the Requesting Party, Lifetouch gives permission to the party named above to use the image(s) described on the Request ONE TIME for the limited purpose indicated in the Request.

Authorized by LIFETOUCH NATIONAL SCHOOL STUDIOS INC.

If this box is checked, use of the portrait must include the phrase **"Used with permission. ©Lifetouch National School Studios Inc."**

By \_\_\_\_\_  
\_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_