



Photo Release Form

Name: _____

Project Address: _____

City: _____ State: _____ Zip: _____

Designer: _____

Builder Name, City, State: _____

Square Footage: _____

Project Location: _____

Panel Profile(s): _____

Color(s) _____

Building System: (ex, wood or red iron) _____

Architectural Style Notes: _____

Contact Phone: _____

For valuable consideration, I hereby irrevocably consent to and authorize the reproduction by you, Central States Manufacturing (including any subsidiaries), of any and all images, whether film (positives, negatives, or prints), digital or videotape, which have been taken at the above address, for any purpose whatsoever, without further compensation to me and without further approval of the images by me. In signing below, I am authorizing reproduction of the images for any use Central States Manufacturing deems appropriate, including advertisements, websites, brochures, etc. I testify that I have rights to this project and have the authority to give this consent to Central States Manufacturing. All images shall constitute the property of Central States Manufacturing, solely and completely.

Signature: _____

Printed Name: _____ Date: _____

Witness Signature: _____

Printed Name: _____ Date: _____

Would you like to be contacted by the photographer before photos are taken? _____

If yes, please include contact information: _____