



Copyright Release Form

Event/Photo Session Description:

I certify that I am the legal copyright author for the photo(s) described above. I authorize _____ to make copies of the photo(s) as set forth in the following:

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Address: [12300 Gable Lane, Fort Washington, Maryland 20744](#)
Phone: [571-214-4737](#)
Date:

Customer's Name

Photographer's Signature

RH PHOTOGRAPHY

Studio/Company Name

Date of Photo Shoot