



## PHOTOGRAPH RELEASE FORM

To Whom it may concern:

I hereby give my permission to use my photograph(s), provided in \_\_\_\_\_  
(CD, jpg, digital, printed) format, in publications for use in the department of  
Anthropology at the University of Western Ontario. I claim that I am the owner of these  
photos and that I have permission of those pictured.

Dates Photographs taken: _____
Location of Photographs: _____
Reason Photo taken: _____
Overall Description: _____
_____
_____

### Photographer

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dated

### Witness

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dated

*Note: Please attach a short description of your photos.*