PHOTOGRAPHY CONSENT FORM

Parties I, ______(the "Releasor"), with a mailing address of______ ______, City of ______State of _____ , grant permission and give my consent to to photograph the requested tattoo and to Tattoo Memorials (the "Secondary Releasee") for the use of the following photograph(s) to create remembrance art: Confirmation of Age and Authorized Representative - I confirm the deceased was >18 years of age at time of death. - I confirm that I am the Authorized Representative for the deceased. Description of Photographed Tattoo Provided by Releasee Tattoo Location on Body: _____ Subject Matter: _____ Ownership and Use of Photograph(s) - ____ I understand that after Releasee sends photograph(s) to Secondary Releasee that secondary Releasee has sole ownership of photographs and will use photograph(s) for the express purpose of completing work ordered by the Releasor. Photograph(s) will not be disclosed to any other party or used for marketing or any other purpose. Disposition of Photograph(s) - _____ I understand that after Releasee sends photograph(s) to Secondary Releasee and they are accepted by Secondary Releasee, Releasee will delete photograph(s). - _____ I understand that after Secondary Releasee completes the remembrance art order and the order is received by Releasor, Secondary Releasee will delete photograph(s). OR - I understand that after Secondary Releasee completes the remembrance art order and the order is accepted by Releasor, Secondary Releasee will retain and store photograph(s) for one year from original order date to create additional art as ordered by Releasor at some future date within the one-year storage timeframe. Required Signatures Releasor's Signature _______Date _____ Releasor's Printed Name and Title_ Releasee's Signature ______Date _____ Releasee's Printed Name and Title