



Limited Copyright Release Form

Client Name _____

I, _____, (photographer's name) of
_____ (business name), hereby grant permission to Artistic
Gestures the right to use the following photographs/images.

Please identify the photographs/images by description and/or number below:

I understand that Artistic Gestures will make electronic reproductions of the photographs or images listed above in order to create photo cards. These photo cards will not be sold to anyone other than the customer placing the order and providing the photograph and will not be reproduced in any other fashion.

I, acting as an authorized agent of _____ (business name), agree that
_____ (business name) agrees to hold harmless and to indemnify Artistic
Gestures, and its agents, for all liability, damages, and expenses it may incur as a result of
processing and printing copy-written photographs and reproductions, including any other person
claiming an interest in the photographs.

Photographer's Signature and Title

_____ Photography Studio or Business Name

_____ Business Address

_____ Business Phone Number

_____ Date