

Laurel Ridge Incorporated  
*Photographic and Name Recognition Release Form*

I, \_\_\_\_\_ do hereby give Laurel Ridge Incorporated, their assigns, licenses, and legal representatives, the irrevocable right to use my picture, portrait or photographic likeness in all forms and media and in all manners, including composite or distorted representations, for advertising or illustration for the purpose of furthering the cause of nudism or naturism or for any other legal purpose. I waive any rights to inspect or approve the finished product, including any written copy that may be created in connection therewith.

I certify that I am over eighteen (18) years of age. It is the Policy of Laurel Ridge, Inc., to not permit anyone younger than 18 to be photographed for any publication unless express permission by a parent or legal guardian is secured in writing. This Policy conforms to Federal and State laws.

I understand that images used on the web are no longer under the direct control of Laurel Ridge, Inc. and may become associated with websites that are beyond our control.

I further understand that photographic or name permission might carry the possibility of being identified as a nudist and I accept this risk.

***Photographic guidelines - I agree to photographic use of my image as follows (please initial one):***

\_\_\_\_\_ Unlimited use of photographs taken of me as described above, including the public area of our website (solairrl.com).

\_\_\_\_\_ Use of photographs of me only for Solair's members section on our website.

***Facial recognition guidelines - please initial one of the following:***

\_\_\_\_\_ I permit Laurel Ridge, Inc. to use photos that include facial recognition for the above purposes.

\_\_\_\_\_ I do not wish to have photos used where my face can be readily identified. I understand that Laurel Ridge will try to use photos where facial recognition is not obvious. However, by agreeing to be photographed for the aforementioned conditions, it is possible that I might be recognized by those who know me and I understand this risk.

***Name recognition guidelines - I agree to use of my name as follows (please initial one):***

\_\_\_\_\_ Use of my full first and last name

\_\_\_\_\_ Use of my first name and last initial only

\_\_\_\_\_ I wish to remain completely anonymous

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

Name(s) of children \_\_\_\_\_

Address \_\_\_\_\_