

**Photo Release Form**

I hereby give my consent to *Patricia Cole's Music Studio* to photograph and then use, reproduce, and publish said images of me and/or my child/children.

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*(Please print name)*

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*(Please print child's name)*

I agree that photographs thereof shall constitute the sole property of Patricia Cole with full right of disposition in any manner whatsoever, including the right to publish on (<http://www.patriciacolemusic.com>) or distribute this photo for purposes of publicizing Patricia Cole's Music Studio's programs.

I hereby release Patricia Cole and her legal representatives and assigns from any and all claims whatsoever in connection with the use, reproduction, publication of the images thereof.

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Signature

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Date