

PORTRAITS AUTHORIZATION FORM

Consent for Photograph, Publish Use/ Or Share Information's.

I hereby give my consent to boa gallery and its organization and affiliates to do any or all the following with respect to my images.

- Make and use of my pictures (Collectively "Pictures" Photographs, Films or other images.
- Make sound recordings (Collectively) "Recordings"
- Use of publishing Pictures or Recordings.
- Share or published Information about me (Collectively) "Information"

I agree that pictures, Recordings and or Information may be used in and or shared with

Boa's gallery publications, Marketing Materials, Designs, or online advertising, boa's websites and boa's social media outlets, Facebook, Twitter, YouTube, Instagram and Pinterest, Public media and other.

I consent to boa's gallery to assist and encourage internal and external growth of fellow artists and open and creative -minds, I hereby hold boa's gallery, its employees and associates use of my images harmless from the activities allowed by this agreement. **Initials Required:** _____

Name: _____

Address (Optional): _____

Phone Number: _____

Email: _____

Signature: _____

Date: _____