

ESSENTRICS

ESSENTRICS INSTRUCTOR | PHOTO SUBMISSION WAIVER FORM

First Name: _____	Last Name: _____	Instructor Level: ____
City: _____		
State/Province: _____		
Country: _____	Phone Number: _____	
Email Address: _____		
No. of Photos submitted: _____		
Live Class Location(s) City & State/Province: _____		

PHOTOGRAPHY/DIGITAL FOOTAGE RELEASE WAIVER:

The Esmonde Technique reserves the irrevocable right to use any photographs submitted by Essentrics Instructor _____ via Dropbox (whether in-person and/or virtual classes) for any future marketing materials produced, on Essentrics.com or other electronic forms of media. Agreeing to these terms confirms that all participants, whether taking photo(s), teaching or participating in the class(es), or photo(s) waive any right to inspect or approve the finished photographs/digital footage, or printed or electronic matter that may be used in conjunction with them, now or in the future, whether that use is known to you or unknown, and that you waive any right to royalties or other compensation arising from or related to the use of the photographs/digital footage.

By signing this document, you have read and agree with all the statements above.

Please ensure that everyone included in any photo you are submitting, including yourself, and those who have taken photos have signed this waiver below.

(Feel free to use extra forms if you need space for more signatures.)

_____	_____	_____
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