



PHOTOGRAPHER RELEASE FORM

Print out the following form, sign it and fax or mail it to Jones Soda Co. We cannot use your photos for labels on our beverages without this signed release form and a model release form if applicable.

**JONES SODA LABELS
234 NINTH AVENUE NORTH
SEATTLE, WA 98109
P: 206.624. 3357
F: 206.624.6857**

I, _____, hereby grant Jones Soda Co. and irrevocable license to use my enclosed photograph(s) now or at any time in the future, throughout the world in any manner it so chooses and in any medium now known or later developed. This includes, the right to modify the photograph(s) as necessary in Jones Soda Co.'s sole discretion. This also includes, without limitation, use on Jones Soda or Jones Naturals labels, carrier packs, magazine advertisements, corporate brochures, and any other promotional material it wishes. I acknowledge that Jones Soda Co. is under no obligation to use my photograph(s).

By signing this form, I agree that Jones Soda Co. will credit my photograph(s) with my name, as provided below, wherever it uses the photograph(s). Such credit will appear in a form similar to the following, which such form may be changed by Jones Soda Co. in its sole discretion:

“PHOTO #, NAME OF PHOTOGRAPHER, CITY, STATE/PROVINCE”

The current credit if printed vertically, in upper case letters, at the bottom left of the photograph(s). The current type size is approximately 1/16 of an inch in height.

I agree that there are to be no fees, commissions or royalties paid to me for the use of the photograph(s).

I acknowledge and agree that any and all persons in the photograph(s) (including the undersigned) must be identified by full name and must have signed the attached Model Release Form.

I acknowledge and agree that I am the owner of the enclosed photographs and that I have the exclusive right and authority to grant the licenses granted herein.

I understand that all submissions that do not include a self-addressed stamped envelope will be destroyed one year after receipt.

Jones Soda is not responsible for lost or damaged photos.

Please **PRINT** the following information. If we cannot figure out how you spelled your name, proper credit cannot be given. Be sure to include your signature at the bottom.

Name _____

Address _____

City _____

State _____ Zip _____

E-Mail Address _____

Telephone _____

Gallery Photo # (if applicable) _____

Description of Photo _____

Signature _____ Date _____