ROBYN Scherer PHOTOGRAPHY

MADCAPS ~ CLASS OF 2026

Student Name:_____

PRINT CLEARLY:
Phone: (Senior) _____

Phone: (Parent) _____

Email: (Senior) _____ *I NEED ONE EMAIL AT LEAST as this is where your gallery will be sent.

Email: (Parent) _____

Model Release – Choose One

- AGREE to allow ***Robyn Scherer Photography*** to use my photograph, taken during the 2025-2026 school year, as samples, promotional materials and reproduction as needed.
- DECLINE for any of my images to be used by ***Robyn Scherer Photography***.

Office use:
Date of sitting: _____
Date uploaded: _____
Pixie sent: _____