

# Model Release Form

NAME OF PHOTOGRAPHER (PRINT) : \_\_\_\_\_

JOB /SERIES NO : \_\_\_\_\_

ADDRESS OF PHOTOGRAPHER : \_\_\_\_\_

NAME OF CLIENT (IF ASSIGNMENT) : \_\_\_\_\_

DESCRIPTION OF SCENE : \_\_\_\_\_

DATE OF SHOOT : \_\_\_\_\_

SIGNATURE OF PHOTOGRAPHER : \_\_\_\_\_

I permit the photographer named above and his/her licensees or assignees to use the photograph(s) and/or drawings therefrom and any other reproductions or adaptations therefrom either complete or in part alone or in conjunction with any wording and/or drawings for all uses including publicity and/or merchandising and/or editorial purposes in any country. Unless otherwise agreed the photograph(s) and any drawings or adaptations thereof shall be deemed to represent an imaginary person. No changes to the terms of this model release are accepted unless agreed in writing by the photographer, his/her assignees or licensees or myself. I understand that I do not have any interest in the copyright to the photograph(s) nor shall I receive any further payment. I am over 18 years old. (Models who are under 18 years of age must provide consent by a parent or guardian)

## MODEL

NAME OF MODEL (CAPITAL LETTERS) : \_\_\_\_\_

FULL ADDRESS OF MODEL : \_\_\_\_\_

PHONE NUMBER OF MODEL : \_\_\_\_\_

EMAIL CONTACT OF MODEL : \_\_\_\_\_

BIRTH DATE OF MODEL : \_\_\_\_\_

SIGNATURE OF MODEL (IF OVER 18) : \_\_\_\_\_

NAME & SIGNATURE OF PARENT OR GUARDIAN (IF UNDER 18) : \_\_\_\_\_

DATE : \_\_\_\_\_

## WITNESS

WITNESS NAME (PRINT) : \_\_\_\_\_

WITNESS SIGNATURE : \_\_\_\_\_

DATE : \_\_\_\_\_