



# Model Release Form

---

**Photographer's Name**

---

**Model's Name**

I irrevocably consent to and authorize the use and reproduction by the photographer, or anyone authorized by the photographer, of any and all photographs and/or videos which the photographer have on this day taken of me, in whatever medium, negative or positive, mechanical or electronic, for any purpose whatsoever (except pornographic or defamatory), without restriction, and without further compensation to me the right to use and re-use, in any legal manner at all, said photographs and/or videos, in whole or in part, modified or altered, either by themselves or in conjunction with other photographs and/or videos, in any medium or form of distribution, and for any legal purposes whatsoever, including without limitation, all promotional and advertising uses, and other trade purposes.

All negatives, positives, video or audio tapes, electronic files, together with any prints shall constitute the photographer's property, solely and completely.

I hereby release, discharge and save harmless the photographer, his/her representatives, assigns, employees, or any person or corporation acting under the permission of the photographer, including any third party publishing or distributing the finished product, from any and all claims, actions and demands arising out of or in connection with the use of said photographs and/or videos, including without limitation, any and all claims for invasion of privacy and libel.

If I am below the age of majority (usually 18 but sometimes 21) in the legal jurisdiction applicable to this agreement, the agreement has been signed or approved by my parent or guardian.

## Model Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Model Signature: \_\_\_\_\_

## Parent / Guardian Information

*I hereby certify that I am the parent/legal guardian of the above named model, and I hereby give my consent without reservations to the forgoing on behalf of him, her or them.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

## Witness Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

## Additional Comments