

# Model Release Form

\_\_\_\_\_  
**Photographer's Name**

\_\_\_\_\_  
**Model's Name**

\_\_\_\_\_  
**Parent, Guardian or Legal Representative's Name**

If Model is a minor and under eighteen (18) years of age  
(or twenty one (21) in certain counties/states)

\_\_\_\_\_  
**Production Date**

(Date on which photograph's were taken)

**Place Model's Photo Here**

In exchange for valuable consideration, I give Photographer the irrevocable permission and worldwide right to use the photographs taken of me on the Production Date mentioned above, or in which I may appear with others. This includes the right to use, modify, or alter the photographs, individually or in combination with other photographs, in any medium or form of distribution for any legal purpose, such as promotional and advertising uses, and other trade purposes. Photographer is also granted the right to copyright the photographs in their name. I waive my right to inspect or approve the use of the photographs.

I release and discharge Photographer from any and all claims, actions, and demands that may arise in connection with the use of the photographs, including but not limited to claims for invasion of privacy and libel. This release applies to Photographer's assigns, licensees, and legal representatives, as well as to any party for whom Photographer took the photographs.

## MODEL/PARENT/GUARDIAN INFORMATION

*Please tick the relevant box below:*

I confirm that I am at least eighteen (18) years of age, or twenty-one (21) in certain counties/states, and that I have read and fully understand the foregoing statement.

*or*

I confirm that the model is a minor and that I am the parent or duly authorized representative of the model. I have read the foregoing statement and fully understand its contents.

Model's or Parent's Signature : \_\_\_\_\_

Model's Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WITNESS INFORMATION

Name (Print) : \_\_\_\_\_

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

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