

Model Release Form

PHOTOGRAPHER: _____

MODEL: _____

MODEL'S EMAIL: _____

MODEL'S CONTACT: _____

INDONSIDERATION HAVE HAVING RECEIVED (i.e. Photos/Compensations/etc): _____

IN RETURN FOR POSING FOR PHOTOGRAPHS TAKE ON (date) : _____

AT (location) : _____

I hereby assign full copyright of these photographs to the above-mentioned photographer (and the related representatives and assigns) together with the right of reproduction either wholly or in part.

I grant to the Photographer or licensees or assignees the permission to the above-mentioned photographs either separately or together, either wholly or in part, the perpetual and irrevocable and unrestricted right to use, sell and publish video and/or photographs of me, or where I may be included for editorial trade, stock images, product advertising and such other fashion / business purpose in any manner and medium.

The Photographer and licensees or assignees may have unrestricted use of these for whatever purpose, including advertising, with any retouching or alteration without restriction or selling the image as stock image.

I agree that the above-mentioned photographs and any reproductions shall be deemed to represent an imaginary person, and further agree that the Photographer or any person authorized by or acting on his or her behalf may use the above mentioned photographs or any reproductions of them for any advertising purposes or the purpose of illustrating any wording, and agree that no such wording shall be considered to be attributed to me personally unless my name is used.

Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against either the Photographer or his or her agents in respect of any usage of the above mentioned photographs. I hereby release the photographer named above from all claims and liability relating to images, video or photographs take of me.

I have read this model release form carefully and fully understand its meanings and implications.

Signature: _____

Date: ____ / ____ / 20 ____

Parent/Guarian: _____

Date: ____ / ____ / 20 ____

(If under the age of 18 years)