

MODEL RELEASE AND AUTHORIZATION TO PHOTOGRAPH

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I hereby grant the undersigned photographer ("Photographer") the irrevocable right and permission, throughout the world, in connection with the photographs he has taken of me, or in which I may be included with others, the following: (a) the right to use and reuse, in any manner at all, said photographs, in whole or in part, modified or altered, either by themselves or in conjunction with other photographs, in any medium or form of distribution, and for any purposes whatsoever, including, without limitation, all promotional and advertising uses, and other trade purposes, as well as using my name in connection therewith, if he so desires; and (b) the right to copyright said photographs in his own name or in any other name that he may select. I waive the right to inspect or approve any use thereof.

I hereby forever release and discharge Photographer from any and all claims, actions and demands arising out of or in connection with the use of said photographs, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefit of the assigns, licensees and legal representatives of Photographer, as well as the party(ies) for whom he took said photographs.

Please check one:

_____ I represent that I am over the age of eighteen years and that I have read the foregoing and fully and completely understand the contents hereof.

_____ I represent that the model is a minor and that I am the parent or duly authorized representative of the model and that I have read the foregoing and fully and completely understand the contents hereof.

Photographer

Name (print) _____
Date _____ *Signature _____
Phone _____ Address _____
City _____ State/Province _____ Zip/Postal Code _____
Country _____ Email: _____

Model

Name (print) _____
Date _____ *Signature _____
Phone _____ Address _____
City _____ State/Province _____ Zip/Postal Code _____
Country _____ Email: _____

Witness

Name (print) _____
Date _____ *Signature _____

Parent(s) or Guardian(s)

Name (print) _____
Date _____ *Signature _____
Phone _____ Address _____
City _____ State/Province _____ Zip/Postal Code _____
Country _____ Email: _____