

MODEL RELEASE FORM

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LEGAL INFORMATION

For Consideration herein acknowledged as received, and by signing this release I hereby give the Photographer / Filmmaker and Assigns my permission to license the Content and to use the Content in any Media for any purpose (except pornographic or defamatory) which may include, among others, advertising, promotion, marketing and packaging for any product or service. I agree that the Content may be combined with other images, text, graphics, film, audio, audio-visual works; and may be cropped, altered or modified. I acknowledge and agree that I have consented to publication of my ethnicity(ies) as indicated below, but understand that other ethnicities may be associated with me by the Photographer / Filmmaker and / or Assigns for descriptive purposes.

I agree that I have no rights to the Content, and all rights to the Content belong to the Photographer / Filmmaker and Assigns. I acknowledge and agree that I have no further right to additional consideration or accounting, and that I will make no further claim for any reason to Photographer / Filmmaker and / or Assigns. I acknowledge and agree that this release is binding

upon my heirs and assigns. I agree that this release is irrevocable, worldwide and perpetual, and will be governed by the laws (excluding the law of conflicts) of the country/state from that is nearest to the address of the Model (or Parent*) given.

It is agreed that my personal information will not be made publicly available but may only be used directly in relation to the licensing of the Content where necessary (e.g. to defend claims, protect rights or notify trade unions) and may be retained as long as necessary to fulfill this purpose, including by being shared with sub-licensees / assignees of the Photographer / Filmmaker and transferred to countries with differing data protection and privacy laws where it may be stored, accessed and used. I represent and warrant that I am at least 18 years of age and have the full legal capacity to execute this release.

PERSONAL INFORMATION

Model Information

Name (print): _____

Date of Birth (DD/MM/YEAR): _____

Model (or Parent*) Information

Resident Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Email: _____

Signature _____

Date signed (DD/MM/YEAR): _____

*If Model is a minor or lacks capacity in the jurisdiction of residence, Parent warrants and represents that Parent is the legal guardian of Model, and has the full legal capacity to consent to the Shoot and to execute this release OF ALL RIGHTS IN MODEL'S CONTENT. If you are signing in this capacity, please enter your details above and your name below

Parent Name: _____
if applicable

Photographer/Filmmaker Information

Name (print): _____

Signature _____

Date signed (DD/MM/YEAR) _____

Shoot City & State _____