

MODEL RELEASE

Shoot Date: _____

Model Release No.: _____

Photographer/Filmmaker: _____

Signature: _____

Description of Shoot: _____

Location of Shoot: (City/State) _____

For good and valuable consideration I acknowledge as received, and by signing this release I grant as follows:

1. I irrevocably grant to Photographer/Filmmaker and its licensees, successors, and assigns ("Photographer/Filmmaker") the right to license and use the still or motion photographs or film taken of me including my voice, picture, portrait and likeness (the "Images") in any and all media and for any use whatsoever (except illegal or pornographic), including without limitation, art, stock, advertising, trade and promotion, in perpetuity. **Uses may include subject that may be controversial or sensitive including but are not limited to the use of an Image that involves or implies illegal activities, adverse medical conditions or procedures, other adverse health or mental health issues, substance abuse, drug use, welfare or economic aid, dating agencies, sexual preference, teen pregnancy, abortion and adoption, political or religious affiliation, smoking or alcohol usage, feminine hygiene, incontinence or impotence.** If I should receive any print, negative, digital file, film or other copy, I shall only use it for my own personal use and shall not authorize anyone else to use it. I agree and acknowledge that all rights to the Images are owned by "Photographer/Filmmaker" including the right to copyright the Images.

2. I agree that no advertisement, product or other material need be submitted to me for any further approval and the Photographer/Filmmaker shall be without liability to me for any distortion or illusionary effect or adverse result to me on account of the publication, distribution or broadcast of the Images. I agree that the Images may be combined with other material and may be cropped, altered or modified. I consent to the use of my name or a fictitious name, and consent to the publications of any of the ethnicities indicated below, but understand that other ethnicities may be associated with the Images by the Photographer/Filmmaker for descriptive purposes.

3. I understand that my personal information will not be made publicly available but may be used as required or necessary directly in relation to the licensing of the Images and may be retained as long as necessary to fulfill this purpose, including by being shared with the 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.

4. I release, discharge and agree to hold harmless the Photographer/Filmmaker and his/her licensees, sub-licensees, successors, and assigns ("Released Parties") from any liability arising out of or in connection with the use of the Images, including any and all claims for defamation and or and invasion of privacy or publicity. I acknowledge that the Released Parties are not responsible or liable for any unauthorized use, or piracy of the Images.

5. I warrant that I am of full age and have every right to contract in my own name in the above regard; that I have read the above authorization, release and agreement, prior to its execution; and that I am fully familiar with the contents. This agreement shall be binding upon me, my heirs, successors, and assigns.

6. I am an independent contractor and am not eligible for insurance or other benefits. I am solely responsible for my own taxes, insurance, benefits and costs and release Photographer/Filmmaker from any, and all, liability for any physical injury arising from the Shoot.

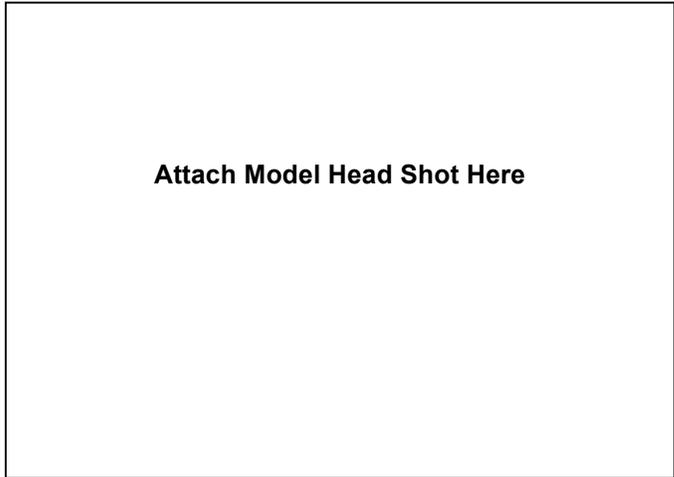
Witness:

Must be of legal age in country/region that release is signed. A person cannot witness their own release.

Witness Signature: _____

Witness Printed Name: _____

Date Signed: _____



Model Information:

Model's Name: _____

Model's Signature: _____

Date of Birth: _____ Gender: M: F:

Model's Tax ID #/ Driver's License No.: _____

Model's Address: _____

City _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Model's Phone: _____

Model's E-Mail: _____

If Model is not yet eighteen (18) years old, complete the following:

I, the undersigned, hereby warrant that I am the parent or legal guardian of the above named model, a minor, and have full authority to authorize the above Release which I have read and approved. I hereby release and agree to indemnify the licensed parties and their respective successors and assigns, from and against any and all liability arising out of the exercise of the rights granted by the above release.

Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Address (if different then above) _____

Additional information to be completed by Model (Optional)

Ethnicity information is requested for descriptive purposes only,

Caucasian, White: _____ Hispanic, Latin: _____ Mixed Race: _____

Pacific Islander: _____ Middle Eastern: _____ Black: _____

African American: _____ Native American: _____

Asian: _____ (Circle each that applies)

(Chinese, Indian, Japanese, Korean) Asian Other: _____

Other: _____