MODEL RELEASE

Shoot Date:	
Model Release No.:	
Photographer/Filmmaker:	Attach Model Head Shot Here
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,	Model Information:
picture, portrait and likeness (the "Images") in any and all media and for any	Model's Name:
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	Model's Signature:
to the use of an Image that involves or implies illegal activities, adverse medical conditions or procedures, other adverse health or mental health	Date of Birth:Gender: M : D
issues, substance abuse, drug use, welfare or economic aid, dating agencies, sexual preference, teen pregnancy, abortion and adoption, political or	Model's Tax ID #/ Driver's License No.:
religious affiliation, smoking or alcohol usage, feminine hygiene, incontinence or impotence. If I should receive any print, negative, digital file,	Model's Address:
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	City State/Province:
Images are owned by "Photographer/Filmmaker" including the right to copyright the Images.	Country:Zip/Postal Code:
2. I agree that no advertisement, product or other material need be submitted	Model's Phone:
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	Model's E-Mail:
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	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.
Photographer/ Filmmaker and transferred to countries with differing data protection and privacy laws where it may be stored, accessed and used.	Name of Parent or Legal Guardian:
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	Signature of Parent or Legal Guardian:
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	Address (if different then above)
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	Additional information to be completed by Model (Optional) Ethnicity information is requested for descriptive purposes only,
benefits. I am solely responsible for my own taxes, insurance, benefits and costs and release Photographer/Filmmaker from any, and all, liability for any	Caucasian, White: Hispanic, Latin: Mixed Race:
physical injury arising from the Shoot.	Pacific Islander: Middle Eastern: Black: African American: Native American:
Witness: Must be of legal age in country/region that release is signed. A person cannot	Asian: (Circle each that applies)
witness their own release. Witness Signature:	(Chinese, Indian, Japanese, Korean) Asian Other:
Witness Printed Name:	Other:
Date Signed:	