

Model Release Form

Photographer name: _____

Model's name: _____

Model's telephone number: _____

Model's email address: _____

Model's Permission and Rights Granted

By signing this release I hereby give the Photographer and Assigns my permission to license the Images and to use the Images in any Media for any legal purpose, which may include, among others, advertising, promotion, marketing and packaging for any product or service. I agree that the Images may be combined with other images, text and graphics, and cropped, altered or modified.

I agree that I have no rights to the Images, and all rights to the Images belong to the Photographer 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 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 of the State of Georgia.

To be completed by the model

Date: _____

Model's signature: _____

Model's printed name: _____

Model's date of birth: _____

Or, to be completed by the model's parent or legal guardian (for minors)

Date: _____

Check as applicable: Parent Legal Guardian

Printed name: _____

Signature: _____

Model's date of birth: _____

To be completed by the Photographer

Photographer's name: _____

Shoot date: _____

Photographer's signature: _____

Model Release Form

Photographer name: _____

Model's name: _____

Model's telephone number: _____

Model's email address: _____

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To be completed by the Photographer

Photographer's name: _____

Shoot date: _____

Photographer's signature: _____

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Photographer name: _____

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To be completed by the Photographer

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Shoot date: _____

Photographer's signature: _____