

# Maternity Photography Session Model Release Form

## Model Information

Full Name

Phone Number

Email Address

Address

## Session Details

Session Date

Location

Photographer's Name

## Model Release Agreement

I hereby grant the photographer listed above the irrevocable and unrestricted right to use and publish images of me or in which I may be included, for editorial, trade, advertising, and any other lawful purposes. I understand that the images may be used with or without my identifying information. I waive any right to inspect or approve the images, finished product, or printed matter.

Additional Notes or Restrictions

---

Signature

Date