Experimental Art Model Release Form

Project Information

Project Title
Artist/Photographer Name
Model Information
Full Name
Date of Birth
Address
Email
Consent
I, the undersigned model, hereby give permission to the artist named above to use images, video, or other depictions of me created as part of the experimental art project described in this release.
Additional Notes/Restrictions
Model Signature
Detail to the second se
Date

Artist/Photographer Signature	
Date	