

# Art Model Release Form for Art Galleries

Model's Full Name

Date of Birth

Address

Phone Number

Email Address

Art Gallery/Institution Name

Gallery Address

## Project Details

Description of Artwork/Session

Date(s) of Modeling

## Consent & Release

I, the undersigned, grant permission to the above art gallery and its representatives to use and exhibit artworks, photographs, and related materials featuring my likeness, for exhibition, promotion, or publication purposes. I confirm that I am of legal adult age and have read and understand the nature of this release.

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Model's Signature

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Date

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Gallery Representative Signature

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Date