

Model Photo Release Consent Form

Model Name

Photographer Name

Address

Email

Phone Number

Date

Consent Agreement

I hereby grant permission to the photographer named above to use photographs and/or video of me taken on the indicated date for use in publications, including web-based publications, and all other media.

I understand and agree that all photos and video taken are the property of the photographer and may be used without additional consent or compensation.

I acknowledge that I am at least 18 years of age or, if under 18, that my parent or legal guardian has also signed below.

Model Signature

Date

Photographer Signature

Date

Parent/Guardian Signature (if minor)