

Photography Model Release Form

Photographer Information

Name

Email

Phone

Model Information

Name

Email

Phone

Address

Project Details

Date(s) of Shoot

Location(s) of Shoot

Description / Notes

Release Agreement

I hereby give the Photographer permission to use the images resulting from the photoshoot and any reproductions or adaptations of the images for the following purposes: (e.g., portfolio, advertising, social media, publications, etc.). I understand that the images may be used in print and digital form.

I acknowledge that I am over 18 years of age or have obtained consent from a parent or guardian if underage.

Model Signature

Date

Photographer Signature

Date

If model is under 18, parent or guardian must sign below:

Parent/Guardian Name & Signature

Date