Photography Model Release Form

Model's Name Address Phone Number Email
Phone Number Email
Email
Photo Session Details
Date
Location
Agreement
I hereby give the photographer permission to use my likeness in photographs in all and any of their publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the photographer. I hereby irrevocably authorize the photographer to edit, alter, copy, exhibit, publish or distribute these photos for purposes of publicizing their programs or for any other lawful purpose. I waive any right to royalties or other compensation arising from or related to the use of the photograph.
Model's Signature:
Date: Photographer's Signature:
Date:
If Model is Under 18
I certify that I am a parent or guardian and do hereby give my consent for the above minor to be photographed and for the use of images as described above.
Parent/Guardian Name:
Parent/Guardian Signature:

Date:	