

MODEL RELEASE

In consideration of myself, (my child or my ward), as a model, upon the terms herewith stated, I hereby grant to **Artist's Name**, legal representatives, and affiliates:

Attach visual reference here.

a) the irrevocable and unrestricted right and permission to copyright in its name and distribute, use, re-use, publish, and republish photographs of myself, (my child or my ward), now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever (except pornographic or defamatory).

For example, Polaroid, driver's license, print, photocopy, etc.

b) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.

d) I hereby release, discharge and agree to save harmless **Artist's Name**, legal representatives, and affiliates from any claims for libel or invasion of privacy.

e) I understand that no (or nominated) compensation will be forthcoming.

f) I understand that **Artist's Name** has the right to use my (my child's or my ward's) name in conjunction with any photograph of me (my child or my ward).

g) I agree that the Images may be combined with other images, text and graphics, and cropped, altered or modified.

h) I understand that this is a blanket model release that is binding for any and all photographs taken by or submitted to **Artist's Name**, now and hereafter known. I agree that this release is irrevocable, worldwide and perpetual.

i) I hereby affirm that I am over the age of majority and have the right to contract in my own name (the name of my child or ward). I affirm that I am the parent or legal guardian of my child or ward.

I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be legally binding upon me (my child or my ward) and my legal representatives.

Dated: _____

Name (printed): _____

(signed): _____

Address: _____

City: _____

State/Zip: _____

Country: _____

Phone: _____

E-mail: _____

Witness: _____

If signing for child or ward if under the age of 18: Dated:

_____ Minor's

Name: _____ Parent or

GuardianName (printed): _____ Parent or

GuardianName (signed): _____

Please return to **Artist's Name Artist's email or return Fax number.**

Artist's Address goes here!
(optional)