

Model Release Form

This release is for photographs, videos, or recordings taken of the individual named below (the 'Model') by the Photographer.

Model Information:

Full Name: _____ Date of Birth: _____

Address: _____

City, State, ZIP: _____

Phone/Email: _____

Photographer Information:

Full Name: _____

Phone/Email: _____

Shoot Details:

Date(s): _____ Location: _____

Consent:

I grant the Photographer the irrevocable right to use and publish photographs of me for editorial, advertising, trade, and any other purposes, in any manner or medium.

Model's Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Photographer's Signature: _____ Date: _____

Witness Signature (optional): _____ Date: _____