



Model Release Form

I _____ (*Models name*),
Grant permission to _____ (*photographer*)
or _____ (*business name*)
to reproduce the photographs taken of me, and/or
members of my family, for the purpose of publications,
promotions and advertising. In any manner or in any
medium.

I acknowledge that I am:

- Over the age of 18
 The legal guardian of the following

IF legal guardian of model(s), please list name(s) here:

1. _____
2. _____
3. _____
4. _____
5. _____

Signature _____

Date _____

Address _____

Phone Number _____

Witnessed by: _____