

MODEL RELEASE FORM

Student's Name: _____ Student's Group: _____

Type of Photoshoot: _____ Date of Photoshoot: _____

"The Media Makeup Academy and Agency Corporate"

This is the model's details.

I (Full Name): _____

of (Address): _____ Postcode: _____

Telephone: hm _____ wk _____ mob _____

Are you under 18 years old? ☐ Yes ☐ No

Authorise and grant to Media Makeup Academy and Agency – which includes successors and assigns the right to:

- Record me and any designs, images or works produced by me in any form whatsoever by way of photograph, film audiotape and/or video tape for audio reproduction or a combination of either ("The Media Makeup Academy and Agency Corporate").
- Edit "The Media Makeup Academy and Agency Corporate" into a
 - Film
 - Television programme
 - Television advert or promotion
 - Radio advertisement or promotion
 - Website advertising
 - Photographic/Print advertising
- Use my name and likeness, voice, biographic or other information concerning me.
- Use and display any images, photographs or recordings containing myself or works attributable to me in the course of my working with Media Makeup Academy and Agency on the Media Makeup Academy and Agency website.
- Screen and broadcast "The Media Makeup Academy and Agency Corporate"
- Use and license others to use "The Media Makeup Academy and Agency Corporate" in all media throughout the world for the full period of copyright, including for the purposes of publicity, advertising, sales and promotion of the Media Makeup Academy and Agency.

I hereby release Media Makeup Academy and Agency from any infringement or violation of personal and/or property rights of any sort whatsoever based upon the use of the Media Makeup Academy and Agency Corporate.

I acknowledge that Media Makeup Academy and Agency owns and shall own all rights, title and interest (including copyright) in the Media Makeup Academy and Agency Corporate.

Agreed and accepted by the Releaser

Signature: _____ Date: _____

Parent/Guardian's Name (if applicant is under 18 years): _____
(first name) (surname)

Parent/Guardian's Signature: _____ Date: _____