

Model Release Form PDF

Model Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Date of Birth: _____

Photographer Information:

Name: _____

Company: _____

Phone Number: _____

Email: _____

Shoot Details:

Location: _____

Date of Shoot: _____

Description of Shoot: _____

Model Consent:

I hereby grant the photographer and their legal representatives and assigns the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same.

Model Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____