

Photography 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: _____
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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:** _____