

# Model Release

## Ex-tremephotos & Flexphotos

Po Box 254 St. Hedwig, Texas 78152 : Phone 210.667.1895

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For good and valuable Consideration herein acknowledged as received, and by signing this release I hereby give the Photographer/Filmmaker and Assigns my permission to license the Images and to use the Images in any Media for any purpose (except for pornographic or defamatory) which may include, among others, advertising, promotion, marketing, commercial, copyright and use, re-use. I agree that the Images may be combined with other images, text and graphics, and cropped, altered or modified. I acknowledge and agree that I have consented to publication of my ethnicity(ies) as indicated below, but understand that other ethnicities may be associated with Images of me by the Photographer/Filmmaker and/or Assigns for descriptive purposes. ) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied. I agree that I have no rights to the Images, and all rights to the Images belong to the Photographer/Filmmaker and Assigns. I acknowledge and agree that I have no further right to additional Consideration or accounting, and that I will make no further claim for any reason to Photographer/Filmmaker and/or Assigns. I acknowledge and agree that this release is binding upon my heirs and assigns. I agree that this release is irrevocable, worldwide and perpetual, and will be governed by the laws of the Province of United States. I represent and warrant that I am at least 18 years of age and have the full legal capacity to execute this release.

### Photographer/Filmmaker Information

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Shoot Date \_\_\_\_\_

Shoot Description/Reference \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Model Information

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Parent(s) or Guardian(s)** (if person is a minor or lacks capacity in the Jurisdiction of residence.) Parent warrants and represents that Parent is the legal guardian of Model, and has the full legal capacity to consent to the Shoot and to execute this release OF ALL RIGHTS IN MODEL'S IMAGES.

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Witness** (NOTE: All persons signing and witnessing must be of legal age and Capacity in the area in which this Release is signed. A person cannot witness their own release)

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_