

Norman Pogson photographer

Model Release Form

Model Release Number _____

Photographer's Name _____

Photographer's Address _____

For valuable consideration herein acknowledge as received, I hereby grant as follow:

1. I irrevocably grant to _____ ("Photographer") and it's licensees, successors, agents and assigns the right to use, publish and copy my name, voice, picture, portrait and likeness in any and all media and for any use whatsoever, including without limitation, art, stock, advertising, video, trade and promotion, in perpetuity. I agree that all photographs and video footage of me are owned by the Photographer and he/she may copyright material containing same. If I should receive any print, negative or other copy thereof, I shall not authorize its use by anyone else.
2. I agree that no advertisement, product or other material need be submitted to me for any further approval and the Photographer, its licensees, successors, agents and assigns shall be without liability to me for any distortion or illusionary effect or adverse result to me on account of the publication, distribution or broadcast of my picture, portrait or likeness. I consent to the use of my name or a fictitious name, and any print material in conjunction with the photograph or video.
3. I release, discharge and agree to save harmless the Photographer and his/her licensees, successors, agents and assigns from any liability arising out of or in connection with the use of the photographs or video, including any and all claims for libel and/or any invasion of privacy or publicity.
4. I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof.
5. This release takes precedence over any release signed at the time of the job with the exception of contracts and agency releases that contain the same information herein.

Dated _____

Signature _____

Printed Name _____

Address _____

Phone Number _____

Witness Signature _____

Print Name _____

If Model is not yet twenty-one (21) years old, complete the following form

I, the undersigned, hereby warrant that I am the _____ of _____, a minor, and have full authority to authorize the above release which I have read and approved, I hereby release and agree to indemnify the licensed parties and their respective successors and assigns, from and against any and all liability arising out of the exercise of the rights granted by the above Release.

Signature of Parent or Guardian _____

Address _____
