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# MODEL RELEASE

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I, \_\_\_\_\_  
the undersigned model, from now on referred as "Model" in this document, give to Phil McDonald (Photographer), his/her legal representatives and successors, as well as all persons or corporations, including all persons or corporations acting with his/her permission, unlimited permission to use, and/or publish, and/or copyright photographic portraits or pictures of me (the Model), and the negatives, prints, transparencies or digital information relevant to them, in which I (the Model) may be included in whole or partly, or modified in form, or reproductions thereof, in color or otherwise, made through any media means in the Photographer's studio or elsewhere for art or any other lawful purpose, in any format, still, single, multiple, moving or video. I Hereby renounce any right that I may have to inspect and approve the finished product or copy that may be used in connection with an image that the Photographer has taken of me (the Model), or the use to which it may be applied. Furthermore, I (the Model) release the Photographer, and/or others, for whom the Photographer is acting, from any claims of pay associated with any form of damage, be it foreseen or unforeseen, related with the proper artistic or commercial use of these images, unless it can be proven beyond any doubt that mentioned reproduction was caused maliciously, or produced and published with the sole purpose of causing me (The Model) to be subjected to scandal, ridicule, reproach, scorn and indignity. I acknowledge that the photography session took place in a completely correct and professional manner, and this release was signed willingly at its termination.



- MALE
- FEMALE
- ASIAN
- AFRICAN AMERICAN
- HISPANIC
- CAUCASIAN
- MULTI-RACIAL
- OTHER

I certify that I am not a minor, and am free and able of giving such consent.

MODEL'S FULL NAME (print in block capital letters)	MODEL'S SIGNATURE
MODEL'S PHONE NUMBER (with international country code)	MODEL'S DATE OF BIRTH (MM/DD/YYYY)
MODEL'S E-MAIL ADDRESS	TOWN/CITY
MODEL'S STREET ADDRESS (P.O. Box is not accepted)	POSTAL/ZIP CODE
	COUNTRY

Hereby, the undersigned Photographer grants to the Model permission to use, and/or display, and/or publish photographic portraits or pictures, and/or digital information relevant to them, in which the Model may be included in whole or partly, or modified in form, or reproductions thereof, in color or otherwise, in any format, still, single, multiple, moving or video, made through any media for lawful promotion of the Model, as long as the copyright of the Photographer is clearly presented with the image.

DATE (MM/DD/YYYY)	PHOTOGRAPHER'S FULL NAME	PHOTOGRAPHER'S SIGNATURE
WITNESS FULL NAME (Model and/or Photographer cannot witness document)	WITNESS SIGNATURE	

This form will be retained with all negatives, transparencies, source files, and/or contact sheets.