## **Model Release Form**

ARTIST	
Name: Surname:	
Email:	y:
Footage/Shoot Description:	
Date(s) of Footage/Shoot Taken:	
MODEL	
Name: Surname:	
Date of birth:/ Gender:	
Address: C	Country:
Email:	
I, the Model, identified above, hereby permit the videographer/photographer, identified above as the Artist, and the related representatives, assignees and licensees, the perpetual and irrevocable and unrestricted right to use and publish video and/or photographs of me, or where I may be included in any media and for any purpose (excluding defamation and/or pornography), which may include, among others, editorial trade, advertising, promotion, marketing for any product or service and such other fashion /commercial purpose in any manner and medium worldwide.	
I, the Model, agree that the Artist and the related representatives, a unrestricted use of these for whatever purpose, including advertising, w without restriction.	
I, the Model, agree that the above mentioned video and/or photographs of used and published with my own name, without my name or with a fictitious	
I, the Model, waive any right to inspect or approve the final product(s) tha video and/or photographs of me.	t may be used in connection with
I, the Model, waive any right to additional consideration, compensation, or damages and that I will make no claim for any reason against the Artist or any related representative, assignees or licensees.	
I, the Model, undertake not to prosecute or to institute proceedings, claim Artist, or any related representative, assignees or licensees in respect or photographs taken of me. I hereby release the Artist named above, or any relicensees, from all claims and liability relating to images, video and/or photographs.	f any usage of the video and/or Plated representative, assignees or
I have read this Model Release Form carefully and fully understand its meaning	ngs and implications.
Signature of Model (if above 18 years of age):	
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PARENT/LEGAL GUARDIAN (if the Model is under 18 years of age):	
Name: Surname:	
Signature:	Date://
WITNESS	
Name: Surname:	
Signature:	Date://