

Model Release for MINOR



For good and valuable consideration, the receipt and legal sufficiency of which is hereby acknowledged,

I _____ (“Parent/Guardian”),
on behalf of _____ (Model)
hereby grant to _____

and The BlackBox Digital Guild Inc. (collectively, the “Photographer”), the Photographer’s assigns, and those persons acting with the Photographer’s authority and permission, the right to take and create photographs/videos and other still and/or moving images (in all formats) and other graphical depictions incorporating my likeness, in any and all media, whether now known or hereafter created (the “Content”).

I hereby agree that all rights in and to the Content, including the copyright, are and shall remain the sole property of the Photographer, free and clear from any claims by me or anyone acting on my behalf.

The Photographer’s rights include, but are not limited to, the rights, in perpetuity, to: Use, re-use, publish, and re-publish the Content; Alter, modify or otherwise change the Content in any manner the Photographer desires; Combine the Content with textual matter and/or with other pictures and/or media; and, Use the Content for illustration, promotion, art, editorial, advertising, trade, publishing, or any other purpose whatsoever.

I hereby release, discharge, and agree to hold harmless the Photographer, the Photographer’s heirs, legal representatives and assigns, and all persons acting under the Photographer’s authority or those for whom he/she is acting, from any liability by virtue of any use of the Content or any changes or alterations made thereto. I warrant and represent that I am the *mother father guardian* of the Model above named. I have read the above authorization, release and agreement, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives and assigns.

Photographer Information:

Name (Print): _____

Address: _____

City: _____ State/Prov: _____

Country: _____ Zip/Postal Code: _____

Phone: (____) _____

Email: _____

Date of Shoot: _____

Medium: (VIDEO)

Signature: _____

Date: _____

Model Information:

Name (Print): _____

Address: _____

City: _____ State/Prov: _____

Country: _____ Zip/Postal Code: _____

Phone: (____) _____

Email: _____

Date of Birth: _____

Signature of Parent/Guardian: _____

Date: _____

Description of Scene(s): _____

Witness:

Name (Print): _____

Signature: _____

Date: _____