

Model Release

1202 - 20 Avenue SE, Calgary, AB, Canada T2G 1M8 | Phone: 403 265 3062
Toll-Free 1.866.478.6251 | www.iStockphoto.com | service@istockphoto.com



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 pornographic or defamatory) which may include, among others, advertising, promotion, marketing and packaging for any product or service. 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 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 Alberta, Canada.

I represent and warrant that I am at least 18 years of age and have the full legal capacity to execute this release.

Definitions:

"MODEL" means me and includes my appearance, likeness and form.

"MEDIA" means all media including digital, electronic, print, television, film and other media now known or to be invented.

"PHOTOGRAPHER/FILMMAKER" means photographer, illustrator, filmmaker or cinematographer, or any other person or entity photographing or recording me.

"ASSIGNS" means a person or any company to whom Photographer/Filmmaker has assigned or licensed rights under this release as well as the licensees of any such person or company.

"IMAGES" means all photographs, film or recording taken of me as part of the Shoot.

"CONSIDERATION" means something of value I have received in exchange for the rights granted by me in this release.

"SHOOT" means the photographic or film session described in this form.

"PARENT" means the parent and/or legal guardian of the Model. Parent and Model are referred to together as "we" and "us" in this release.

Photographer/Filmmaker Information

Name (print) JOHN DOE
Address 1234 - 1st STREET

City ANYTOWN State/Province AB
Country USA Zip/Postal Code 12345
Phone (555) 555-5555 Email john@email.com
Shoot Date 01.01.07
Shoot Description/Reference BUILDING A SNOWMAN
Signature John Doe
Date 01.01.07

Model Information

Name (print) JANE SMITH
Address 4321 - 1st STREET
City ANYTOWN State/Province AB
Country USA Zip/Postal Code 54321
Phone (444) 444-4444 Email jane@email.com
Date of Birth 01.01.70
Signature Jane Smith
Date 01.01.07

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 _____

Additional information to be completed by Model: (Optional)

Ethnicity information is requested for descriptive purposes only, and serves as a means of providing more accuracy in assigning search words.

<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian, White	<input type="checkbox"/> Hispanic, Latin
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Native American	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Black	<input type="checkbox"/> Mixed Race	<input type="checkbox"/> African American
<input type="checkbox"/> Other _____		

Attach Visual reference of Model here: (Optional)

For example, Polaroid, drivers license, print, photocopy, etc.

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) BOB SMITH
Signature Bob Smith
Date 01.01.07

Model Release

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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

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Zip/Postal Code

Phone

Email

Date of Birth

Signature

Date

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Zip/Postal Code

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Email

Date of Birth

Signature

Date

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☐ Asian

☐ Middle Eastern

☐ Black

☐ Other:

☐ Caucasian, White

☐ Native American

☐ Mixed Race

☐ Hispanic, Latin

☐ Pacific Islander

☐ African American

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Name (print)

Signature

Date

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Name (print) _____
Address _____

City State/Province
Country Zip/Postal Code
Phone Email
Shoot Date
Shoot Description/Reference
Signature
Date

Model Information

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City State/Province
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Other:

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