**ARTIST RELEASE FORM**

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| To the photographer/  filmmaker: | | (name) |
| Address: | | |
| Phone: | |  |
| From the artist: | | (name) |
| Address: | | |
| Phone: | |  |
| Photographs/Filming taken on: | | (date) |
| At: | (location) | |

In exchange for receiving (tick as appropriate)

❑ fee in the amount of ❑ free prints/video

I, the model , grant you, the photographer/filmmaker, usage of the images subject to the following conditions:

* I understand the images taken of me during this session can be used whole or in part in any publication (commercial or otherwise), portfolio or public display (delete any that aren’t applicable).
* The images may be used to represent an imaginary person and any wording associated will not be attributed to me unless my name is specifically mentioned.

I acknowledge that my signing this form, subject to the usage restrictions above, I give up all claim of ownership of the images, and assign copyright to the photographer/filmmaker named above. No further payment will be due. Use of the images may be granted to third parties, however, the images will remain the property of the photographer/filmmaker.

I have read this form carefully and fully understand the implications. I am 18 years old or over.

|  |  |
| --- | --- |
| Signed: | Date: |
| (model) |  |

If the model is under 18 years of age, a parent or legal guardian must sign:

|  |  |
| --- | --- |
| Signed: | Date: |
| (parent/guardian) |  |