

Model Release


For good and valuable consideration, receipt of which is hereby acknowledged, I hereby irrevocably and absolutely consent to the unrestricted use by the Photographer / Filmmaker and his/her heirs, assigns, and designees ("Photographer"), and those acting with his/her permission authority to use any and all photographic, or other images ("Images") of me that Photographer creates/created or makes/made on this date, for all purposes, in any form, and in any and all media (whether now known or hereafter devised), including, without limitation, advertising, solicitation, stock photography, or trade, to copyright same in Photographer's own name or any other name that Photographer may choose, and the right to use my name in connection therewith if Photographer so chooses.

I waive any right to inspect or approve the finished Images, advertising copy, text, or other printed matter that may be used in conjunction therewith, or to inspect or approve the eventual use(s) to which the Images may be applied.

I release and discharge Photographer and those acting under its authority from any and all liabilities, claims and demands arising out of or relating to any blurring, distortion, or alteration whether intentional or otherwise, that may occur or be produced in connection with the Images, or in connection with any processing, alteration, transmission, display, or publication of the Images.

This release constitutes the sole, complete and exclusive agreement between Photographer and me regarding the Images and I am not relying on any other representation whether oral or written.

I acknowledge that I have read and understand this release.

Photographer/Filmmaker InfoFull Name: Gregg ZimmermanSignature: Date signed: (MM/DD/YEAR) 06/04/2015Shoot Date: (MM/DD/YEAR) 06/14/2015Shoot Region/State/Country: Puyallup, WA, U.S.A.Shoot Description/Ref. Elim's 2015 Common Ground Cake Fight**Model Info**

Full Name: _____

Date of Birth: (MM/DD/YEAR) _____

Gender: Male Female Residence Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone _____ Email _____

Model (or Parent*) Signature _____

Date signed: (MM/DD/YEAR) _____

Parent Name: _____ (if applicable)

*If Model 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 CONTENT. If you are signing in this capacity, please enter your details above and your name below.