



## Photo Model Release Form

I, \_\_\_\_\_ (please print), grant permission to  
\_\_\_\_\_ (photographer \_\_\_\_\_) to reproduce the  
photographs taken of me, or members of my family, for the purpose of publication, promotion,  
illustration, advertising, or trade, in any manner or in any medium.

I acknowledge that I am      over the age of 18  
   the legal guardian of the following

If legal guardian of model(s), please list name(s) here:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_