Model Release Form

Photographer Name: _____

Address : _____

_____

State & Country: _____

Email & Phone: _____



Terms & Conditions

For valuable consideration received, I hereby grant Photographer the irrevocable right and permission, throughout the world, in connection with the photographs or video **(hereafter defined as "Media")** you have taken of me, or in which I may be included with others, the following :

(a) **the right to use and re-use, in any legal manner at all, said Media**, in whole or in part, modified or altered, either by themselves or in conjunction with other media, in any medium or form of distribution, and for any legal purposes whatsoever, including without limitation, all promotional and advertising uses, and other trade purposes, and
(b) **the right to use said Media for the training of AI machine learning**, with the understanding that only the Media itself, and not any other personal identifiable data, will be provided or utilized for such purposes; and
(c) **the right to copyright said Media in your name**.

I waive the right to inspect or approve any use of the Media thereof. I hereby forever release and discharge Photographer from any and all claims, actions and demands arising out of or in connection with the use of said Media, including without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefit of the assigns, licensees and legal representatives of Photographer, as well as the party(ies) for whom Photographer produced said Media.

Please choose by ✔ ticking the appropriate option:

- ▢ **ADULTS:** I represent that I am the age of eighteen (18) years (or twenty one (21) in certain counties/states) or above and that I have read the foregoing and fully and completely understand the contents hereof.

- ▢ **MINORS:** I represent that the model is a minor and that I am the parent / duly authorized representative of the model and that I have read the foregoing and fully and completely understand the contents hereof.

Photographer Signature
Name: **Date:**
Witness Signature
Name: **Date:**

Model's Particulars

Name			
Date of Birth *(DD-MM-YYYY)*			
Address			
State			
Country			
Phone Number		**Gender**	▢ Male ▢ Female
Email			
Ethnicity	▢ East Asian ▢ South Asian ▢ Caucasian, White ▢ African, Black ▢ African American	▢ Indigenous Peoples ▢ Middle Eastern / Arab ▢ European ▢ Eastern European	▢ Latin American / Hispanic ▢ Mixed ▢ Other

Parent / Guardian's Name *(if applicable)*

Model OR Parent / Guardian's Signature
Date: