



# MODEL RELEASE

For good and valuable Consideration herein acknowledged as received, and by signing this release I hereby give Blue Dot, their 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 agree that I have no rights to the Images, and all rights to the Images belong to Blue Dot, their 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 Blue Dot, their 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 United Kingdom.

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 Blue Dot or their 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) Jo Bradford

Address Treburtle Farmhouse

City Launceston

County Cornwall

Country UK

Post Code PL15 8RZ

Phone 01566 781 797

Email mail@jobradford.com

Shoot Date \_\_\_\_\_

Shoot Description/Reference HEFAC01/11

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Model Information

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

Country \_\_\_\_\_

Post Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**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 \_\_\_\_\_

County \_\_\_\_\_

Country \_\_\_\_\_

Post Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Attach Visual reference of Model here or on separate sheet: (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 his or her own release)

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_