

MINOR MODEL RELEASE

PHOTOGRAPHER – CHRISTOPHER MEDER

MODEL'S PERMISSION AND RIGHTS GRANTED:

I, _____, parent of the Model, for good and valuable consideration, the receipt of which is acknowledged, give to **CHRISTOPHER MEDER** (Photographer/Filmmaker), his legal representatives, successors, and all persons or corporations acting with his permission, unrestricted permission to copyright and/or use, and/or publish photographic portraits or pictures of the Model, and the negatives, transparencies, prints, or digital information pertaining to them, in still, single, multiple, moving or video format, or in which the Model may be included in whole or in part, or composite, or distorted in form, or reproductions thereof, in color or otherwise, made through any media in photographer's studio or elsewhere for art, or any other lawful purpose.

We hereby waive any right that I may have to inspect and approve the finished product or copy that may be used in connection with an image that the Photographer/Filmmaker has taken of the Model, or the use to which it may be applied.

We further release the Photographer/Filmmaker, or others for whom he is acting, from any claims for remuneration associated with any form of damage, foreseen or unforeseen, associated with the proper commercial or artistic use of these images unless it can be shown that said reproduction was maliciously caused, produced and published for the sole purpose of subjecting the Model to conspicuous ridicule, scandal, reproach, scorn and indignity.

We acknowledge that the photography session was conducted in a completely proper and highly professional manner, and this release was willingly signed at its termination. We acknowledge that the Model is a minor, and certify that we have given our consents freely.

To be completed By Model:

Model's Name (Print): _____

Parent's Name (Print): _____

Model's Address: _____

Model's Date of Birth: _____

Parent's Phone: _____

Parent's E-mail: _____

Parent's Signature: _____ Date: _____

To be completed By Witness:

Name (Print): _____

Witness Signature: _____

Date: _____

The following to be completed by Photographer/Filmmaker:

Photographer's/Filmmaker's Name: **CHRISTOPHER MEDER**

Shoot Date: _____

Release Reference-Stills Only (e.g. mr1.jpg)

Photographer/Filmmaker's Signature: _____

Shoot Description [and Shoot Reference if applicable]:
