

MINOR MODEL RELEASE

I, _____, give _____ permission to record the image and/or voice of the minor child named below, and I grant _____ all rights to use these sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes. I agree that all rights to the sound, still, or moving images belong to _____.

Guardian's Name _____

Minor's Name _____

Parent/Guardian Signature _____ Date _____

Address _____

Phone Number _____

E-Mail _____

Notes:

Project Number _____ Project Name _____

Photographer _____

Shoot Description _____
