

MODEL RELEASE FORM

I _____ (the Model) explicitly grant to Lynne Spencer Photography and to his/her assignees and licensees the absolute right and permission to license, use, publish or sell the photograph(s) referred to below, in which I am included, in any medium, throughout the world, without any restriction whatsoever as to the nature of the use or publication or as to the copy of any printed matter accompanying the photograph(s). I understand that the images may be altered and I waive the right to approve of any finished product.

I understand that I do not own the copyright of the photograph(s).

I certify that I am over 18 years of age and that I have the full legal right to execute this agreement.

NAME of model: _____	Model Agency: _____
Home Phone: _____	Cell Phone: _____
Email address: _____	
Model's DOB: _____	
Model's Signature: _____	Date: _____

OR for Minor's

NAME of Parent or Guardian: _____	
Name of model: _____	Model Agency: _____
Home Phone: _____	Cell Phone: _____
Email address: _____	
Model's DOB: _____	
Parent or Guardian's Signature: _____	Date: _____

NAME of photographer: Lynne Spencer Date of photo shoot: _____

DESCRIPTION of photography:
