

Salvatore Cincotta [replace with your logo]

Permission for Photography | Model Release

For valuable consideration received, I grant to [change to your studio name] Salvatore Cincotta Photography ("Photographer") and their legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs of me (of my ward and/or child), or in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release Photographer and their legal representatives and assigns from all claims and liability relating to said photographs and uses thereof.

X _____
SIGNATURE

NAME

DATE

PHONE

STREET ADDRESS

CITY, STATE, ZIP

X _____
IF MINOR, SIGNATURE OF PARENT/GUARDIAN

X _____
SIGNATURE OF WITNESS

WITNESS (Print Name)