

# Model Release

114 Lyon St, San Francisco, CA 94117 | Phone 415.819.1620  
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For good and valuable Consideration herein acknowledged as received, and by signing this release I hereby give the 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 acknowledge and agree that I have consented to publication of my ethnicity(ies) as indicated below, but understand that other ethnicities may be associated with Images of me by the Photographer/Filmmaker and/or Assigns for descriptive purposes.

I agree that I have no rights to the Images, and all rights to the Images belong to the 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 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 State of California, United States of America.

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 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.

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 their own release)

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

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Model Information

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

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Photographer/Filmmaker Information

Name (print) Peter Bruce, dba 'b for a cure'

Address 114 Lyon St.

City San Francisco State/Province CA

Country United States of America Zip/Postal Code 94117

Phone 415.819.1620 Email info@bforacure.com

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

Shoot Description/Reference nude breast photo for coffee table book

Signature \_\_\_\_\_

Date \_\_\_\_\_

# FIRST NAME:

# EMAIL: