

Jonathan W. Souer

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Minor Model Release

Minor's Name: _____ Phone Number (____) ____ - _____
Address: _____, City: _____ State: _____ Zip: _____ - _____

For valuable consideration, upon the terms herewith stated, I the undersigned hereby confer give to Jonathan W. Souer, hereafter known as the Photographer / Filmmaker, and those acting with his authority and permission the absolute and irrevocable right and permission with respect to the photographs that he has taken of my minor child in which he/she may be included with others:

- a) the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits, pictures, movie images, digital images, and video images, of the model or in which the model may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with the model's own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, packaging of product, or any other purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and trade, and;
- b) I also permit the use of any printed material in connection therewith.
- c) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.
- d) I hereby release, discharge and agree to save harmless, the Photographer / Filmmaker, his heirs, legal representatives or assigns, and all persons functioning under his permission or authority, or those for whom he is functioning, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.
- e) 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 clam for any reason to the Photographer / Filmmaker and Assigns.
- f) This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of photographer the Photographer / Filmmaker as well as the person(s) for whom he/she took the photographs.

g) **Definitions:**

- "Model" means the minor listed above and includes his / her 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 the minor listed above.
- "Assigns" means a person or any company to whom Photographer / Filmmaker has assigned or licensed rights under this release as well at the licensees of any such person or company.
- "Images" means all photographs, film, digital images, or recordings taken of the minor listed above by the Photographer / Filmmaker 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.

I represent that I am the [parent/guardian] of the above named model. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. I agree that this release is irrevocable, worldwide and perpetual and this agreement shall be binding upon me and my heirs, legal representatives and assigns. For value received, I hereby consent to the foregoing on his/her behalf.

Print Parent or Guardian Name: _____ E-Mail: _____

Parent or Guardian Signature: _____ Date _____

Date of Birth: _____ Driver License or other ID: _____

Address: _____ Phone Number (____) ____ - _____

City: _____ State: _____ Zip: _____ - _____

Witness Signature: _____ Date _____

Address: _____ Phone Number (____) ____ - _____

City: _____ State: _____ Zip: _____ - _____