

“Through Students’ Eyes: SEEING City Youths’ Perspectives on School”
Model Release Short Form

Photographer Information

Name (print) _____
Address _____

City _____ State/Province _____
Country _____ Zip/Postal Code _____
Phone _____ Email _____
Shoot Date _____
Shoot Description/Reference _____
Signature _____
Date _____

Model Information

Name (print) _____
Address _____

City _____ State/Province _____
Country _____ Zip/Postal Code _____
Phone _____ Email _____
Date of Birth _____
Signature _____
Date _____

Parent(s) or Guardian(s) (if person is a minor or lacks capacity in the jurisdiction of residence.) Parent warrants and represents that Parent is the legal guardian of Model, and has the full legal capacity to consent to the Shoot and to execute this release OF ALL RIGHTS IN MODEL'S IMAGES.

Name (print) _____
Address _____

City _____ State/Province _____
Country _____ Zip/Postal Code _____
Phone _____ Email _____
Signature _____
Date _____

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 _____