



DATE:

MODEL RELEASE FORM

PHOTOGRAPHER: _____

MODEL: _____

MODEL'S PARENT/GUARDIAN'S EMAIL ADDRESS: _____

MODEL'S PARENT/GUARDIAN'S MAILING ADDRESS: _____

FOR PHOTOGRAPHS TAKEN ON (date): _____

AT (location): _____

DESCRIPTION OF PHOTO: _____

FOR USE IN:

I hereby give permission for my child/children's image in the photograph(s) listed above take by the photographer listed above to be used in the

If the photographer or ACM wishes to use the photographers in any other publication or on the internet additional permission must be requested.

Signed: _____ Date: _____
Parent/Guardian