

Model Release Form

Fill in the following information for the individual or minor appearing in the images.

Name: _____

Address: _____

Telephone: _____

E-mail: _____



PERMISSION AND RIGHTS GRANTED:

With respect to the images(s) taken of me ("IMAGES" means all photographs, video footage, or audio recordings taken of me as part of the photography, video filming, or recording session.), I hereby grant to the Siouxland Heritage Museums, its affiliates and licensees, and to the Photographer of the images, the following worldwide, perpetual, and irrevocable rights:

- (1) to copyright the images in the name of the Siouxland Heritage Museums; and
- (2) to use and re-use, publish and re-publish the images, in whole or in part, individually or in conjunction with printed matter, or in composite form, and in any medium, for editorial, commercial, promotional, and/or trade purposes.

I hereby waive my right to inspect or approve any copy that is used in connection with the images and release and discharge the Siouxland Heritage Museums, its affiliates and licensees, and the photographer from any and all claims arising out of use by the Siouxland Heritage Museums, its affiliates and licensees, of the images for the purposes described above, including any claims for libel and invasion of privacy.

Check applicable box below:

- I am at least 18 years of age and have the full legal capacity to execute this release.
- Parent warrants and represents that Parent is the legal guardian of the subject minor named in this release and further warrants that Parent has the full legal capacity to consent to and execute this release of all of the minor's rights in the images.

I have read the foregoing, fully understand its contents, and agree to be bound by its terms and conditions.

To be completed by the individual appearing in the images or by the minor's Parent or Legal Guardian.

Name (Individual or Parent): Printed _____ Date: _____

Signature (Individual or Parent): _____

Parents Email (if Minor Minor) _____

Information to be Completed by Photographer

Photographer's Name: _____

Date: _____

Photographer's Signature: _____

Title of entry this pertains to: _____