



# Model Photo Release Form

PHOTOGRAPHER: \_\_\_\_\_

MODEL: \_\_\_\_\_

MODEL'S EMAIL ADDRESS: \_\_\_\_\_

MODEL'S PHONE NUMBER: \_\_\_\_\_

I hereby assign full copyright of the photographs taken to Koyfman Photo together with the right of reproduction either wholly or in part.

I give Koyfman Photo permission to use my (or my child's) photographs publically. I agree that Koyfman Photo may use these photographs with or without my name for any lawful purpose.

I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I have read this model release form carefully and fully understand its meanings and implications.

**Signed:** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Important:** If the Model is under 18 year of age, a parent or legal guardian must also sign.

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_