



Universal Adult / Minor Model Release

Model Release (all fields required)

Date: _____

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby grant To **Jefferson County Food Banks Association** (the "Photographer"), all agents and legal representatives the irrevocable and unrestricted right and permission to copyright, in the Jefferson County Food Banks own name or otherwise, and use, re-use, publish, and re-publish photographic portraits or pictures of me or in which I may be included, in whole or in part, as part of a composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium at the Jefferson County Food Banks or elsewhere, and in any and all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade, publishing, or any other purpose whatsoever (except pornographic or defamatory). I also consent to the use of any printed matter in connection therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to save harmless the Photographer, his/her agents, legal representatives and assigns, and all persons acting under Jefferson County Food Banks permission or authority 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 such photographic portraits or pictures or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am of full legal age and have the right to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Model, Parent or Guardian (if minor)

Name model: (print) _____

Name parent or guardian if model is a minor: (print) _____

Address: _____

City: _____ State _____ Zip _____

Email: _____ Phone: _____

Signature: _____

For File Purposes ----- For File Purposes ----- For File Purposes ----- For File Purposes

Photographer working on behalf of Jefferson County Food Banks Association

Name: (print) _____

Phone: _____ Address: _____

City: _____ State _____ Zip _____

Email _____

Project/Subject/Notes: _____

Witness (NOTE: All persons signing and witnessing must be of legal age. You cannot witness your own release.)

- Port Townsend Tri-Area Quilcene Brinnon Other

Name: (print) _____

Address: _____

City: _____ Zip: _____

