

Ulistac Natural Area Model Release Form



I (the Model) explicitly grant to the photographer (the Photographer) and to his/her assignees and licensees the absolute right and permission to use, publish or sell the photograph(s) referred to below, in which I am included, in any medium, throughout the world, without any restriction whatsoever as to the nature of the use or publication or as to the copy of any printed matter accompanying the photograph(s). I understand that the images may be altered and I waive the right to approve of any finished product.

I understand that I do not own the copyright of the photograph(s).
I certify that I am over 18 years of age and that I have the full legal right to execute this agreement.

SIGNATURE of Model: _____ **DATE:** _____

NAME of Model: _____ **AGE of Model:** _____

Telephone: _____ **E-mail address:** _____

(if under 18 years of age)

SIGNATURE of Parent/Guardian: _____

NAME of Parent/Guardian: _____

NAME of Photographer: _ Lindsey Cromwell, Outreach Coordinator, Ulistac Natural Area _____

DESCRIPTION of photography: _volunteers at a Ulistac Natural Area restoration workdays_____