

MODEL RELEASE FORM

Date _____

I authorize the use of photographs taken of me, or my property, on the
above date for any legal purpose by _____.
(signature of photographer)

Model/Property's Information:

Signature _____

Printed Name _____

Street Address _____

Town/City _____ Province _____

Postal Code _____

Phone: _____

Email: _____

Signature of parent or guardian if a minor Signature of witness:
