

Model Release Form

I grant to _____ ("Photographer") the right to submit photographs of me, or in which I may be included, to the Chryston Community Council Photography Competition.

MODEL'S SIGNATURE

WITNESS SIGNATURE

PRINT NAME

WITNESS SIGNATURE

MODEL'S DATE OF BIRTH

WITNESS ADDRESS

ADDRESS

WITNESS EMAIL ADDRESS

EMAIL ADDRESS

TODAY'S DATE

TODAY'S DATE

LEGAL GUARDIAN SIGNATURE (if under 18)

PRINT NAME