

Date _____



Model Release Form

For valuable consideration, I hereby give the photographer permission to use this *Lovelee Photography* photograph(s) and I authorize the use and reproduction of it by you, or anyone authorized by you. This included any and all photographs which the *Lovelee Photography* photographer has this day taken of me, for any purpose whatsoever (barring anything obscene, pornographic or illegal), without any compensation to me. All photos, prints, negatives, slides, digital images, compact disk (CD) images, etc, are the sole property of *Lovelee Photography* and I understand that I have not purchased the rights to this or any prints taken this day by the *Lovelee Photography* photographer for which I am signing this release. If I have purchased rights to any photographs taken by the *Lovelee Photography* photographer, they have been negotiated separately and are not included in this release.

Model Name: _____

Model Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail Address: _____

Are you 18 years of age?	<input type="radio"/> Yes
	<input type="radio"/> No

* If NO, Legal Parent Guardian NAME: _____

Legal Parent Guardian SIGNATURE: _____

Phone Number: _____ E-Mail Address: _____

For Family Portraits or portraits with more than one minor, please provide the additional model's names below:

_____	_____
_____	_____
_____	_____