

Model Photo Release

In consideration of my engagement as a model, and for other good and valuable consideration herein acknowledged as received, I hereby grant Haupt Dental Laboratory, its heirs, legal representatives and assigns, those for whom photographer is acting, and those acting with its authority and permission, the irrevocable and unrestricted right and permission to copyright, in its name or otherwise use, reuse, publish and republish, photo graphic portraits or pictures of me in which I may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alteration, in conjunction with my own or a fictitious name, or reproductions there of in color or otherwise, made through any medium, at the office, studio or elsewhere, and in any and all media now or hereafter known for illustration promotion, art, editorial, advertising, trade, or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy of the 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 Haupt Dental Laboratory, its heirs, legal representatives and assigns and all persons acting under its permission or authority or those for whom it is acting, 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 said picture or in any subsequent processing thereof, as well as any publication thereof, including without any limitation any claims for libel or invasion of privacy.

I hereby warrant that I am of full age and have the right to contract my own name/I am not of full age and this release is being executed by my parent/guardian whose signature is witnessed below. I/my guardian have read the above authorization, release, and agreement, prior to its execution and I/my guardian am fully familiar with the consent thereof. This release shall be binding upon me/my guardian, my heirs, legal representatives, and assigns.

Date: _____ **Name (print):** _____

Guardian: _____ **Signature:** _____

Witness: _____ **Address:** _____

Witness (sign): _____ **City, State, Zip:** _____