

Meg's Memories

Lake Ridge, VA 22192 *

(571) 331-2318

<http://megsmemories.org>

meg@megsmemories.org

MODEL RELEASE SHORT FORM (Minor)

Date: _____

Location:

Description

For valuable consideration, I hereby give the above photographer permission to use my picture and I authorize the use and reproduction of it by you, or anyone authorized by you. This includes any and all photographs which you have this day taken of me, for any purpose whatsoever, without further compensation to me. All negatives and positives, together with the prints shall constitute your sole property.

Minor Name:

Parent or Guardian:

Signature of Parent or Guardian:

Address and telephone
