



## INDIVIDUAL MODEL RELEASE AGREEMENT

For valuable consideration received, I, \_\_\_\_\_, hereby grant permission to \_\_\_\_\_ (name of "Organization") and its subsidiaries and affiliates (the "Organization"), to record and/or use my likeness, image, name, voice and/or statements and/or performance, as recorded by any means and in any medium existing now or developed in the future (the "Recordings"), in any and all Recordings created directly or indirectly in connection with the \_\_\_\_\_ program. I also grant the Organization permission to use, edit and or modify the Recordings, in any manner, form or medium, for the publicizing, showcasing, marketing and promoting of the \_\_\_\_\_ program and the educational purpose of the Organization. In the event that any of the Recordings created directly or indirectly in connection with \_\_\_\_\_ program are not deemed to be licensed to the Organization under this Agreement at the time of their creation, I agree to execute the necessary documents to license such Recordings to the Organization.

I hereby waive any and all rights that I may have to inspect or approve the Recordings, or the use to which they may be applied as long as they are used in the publicizing, showcasing, marketing, and promoting of the \_\_\_\_\_ program and the Organization. I agree that this Agreement shall be governed by the laws of the State of \_\_\_\_\_, excluding any of its conflict of laws provisions, and I consent to the exclusive jurisdiction and venue in the State and Federal Courts in the State of \_\_\_\_\_. This agreement constitutes the entire agreement between the parties regarding its subject matter and may only be amended in a writing signed by both parties.

By (your signature): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Address: \_\_\_\_\_

**You are eighteen (18) years of age or older:** \_\_\_ Yes \_\_\_ No

Signature of Parent or Guardian is required if you are under eighteen (18) years of age

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

Date: \_\_\_\_\_