

Stephen Potts Photography MODEL RELEASE FORM  
Photographer Information  
Name: Stephen Potts  
Phone: 07836 613372 Email: [info@stephenpotts.co.uk](mailto:info@stephenpotts.co.uk)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(by signing this I confirm I took the photographs)

For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorise the use and reproduction by you the photographer, or anyone authorised by you, of any and all photographs taken of me today. I hereby agree to allow photographs of me to be offered for sale without further consideration to me. I hereby give the unrestricted right and permission to copyright and use, re-use, publish, and republish photographs or pictures of me or in which I may be included without restriction as to changes or reproduction hereof in colour or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Model Information

Name (print): \_\_\_\_\_

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

Town/City: \_\_\_\_\_ County: \_\_\_\_\_

Country: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(by signing this I confirm I am the model in photograph)

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Parent/Legal Guardian's/ signature if model is under 18

Signature: \_\_\_\_\_ Name:(print) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(by signing this I confirm I am the parent/ legal guardian of the named minor)

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Witnessed by

Signature: \_\_\_\_\_ Name:(print) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(by signing this I confirm that I have witnessed the parent/ legal guardian of the named minor sign this form)

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For Office Use

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Fee paid: \_\_\_\_\_