



Photographic Competition 2019

Model Release Form

Title & Category of Image:

Name of Photographer:

I am over the age of 18. I have read the following statement and fully understand its contents.

I understand that the submitted image or images, containing my likeness, may appear in any product of the Islands' Partnership (IP). My signature below grants the IP, the following binding rights:

(1) To use and re-use, publish and re-publish, modify or alter, the submitted images of me, or in which I may be included. Use of my image and the photograph for editorial, commercial, trade, advertising, or any other purpose may be made in any medium now existing or subsequently developed for such product.

(2) To use and re-use, publish and re-publish the photograph containing my image, in whole or in part, individually in conjunction with printed matter, or in composite form for such product. I waive my right to inspect or approve any editorial matter or advertising copy that is used in connection with the photograph.

NAME:

ADDRESS:

SIGNATURE:

TEL / EMAIL:

DATE:

If subject is a minor, please ensure that the parent or guardian completes the form below.

PARENTAL / GUARDIAN CONSENT FOR MODEL RELEASE

I give the Islands' Partnership permission to use the submitted image or images containing the likeness or image of my child/minor, and understand they may appear in any product of the Islands' Partnership.

My signature below grants the Islands' Partnership, the following binding rights:

(1) To use and re-use, publish and re-publish, modify or alter, the submitted images of my child/minor, or in which they may be included. Use of my child's/minor's image and the photograph for editorial, commercial, trade, advertising, or any other purpose may be made in any medium now existing or subsequently developed for such product.

(2) To use and re-use, publish and re-publish the photograph containing my image child/minor, in whole or in part, individually in conjunction with printed matter, or in composite form for such product. I waive my right to inspect or approve any editorial matter or advertising copy that is used in connection with the photograph.

MINOR'S NAME:

NAME OF PARENT OR
GUARDIAN
(PLEASE SPECIFY):

SIGNATURE OF PARENT OR
GUARDIAN:

TEL /EMAIL:

DATE:

General Guidelines: A signed release by the Parent or Guardian **must** be obtained for photographs of a minor (under 18).

