

# MODEL RELEASE FORM

Please print all details clearly

Full Name .....

Contact Phone Number .....

Email Address .....

I understand that in return for this free modelling photography session on ..... (date),  
at ..... (location)

- I understand that the photographs taken of me during this session will be used wholly or in part to be shown in the "Photo Album" section of the *www.timography.net* website for promotional purposes. The photographs used will be shown to me, the model, before they are published to attain my approval of the specific images. If I am unhappy with any of the selected images then Timography will select suitable alternative replacement images to display in their place.
- I understand that the photographs may be used in the future for advertising or promotional purposes by Timography.
- I understand that the photographs may be used to represent an imaginary person and any wording associated will not be attributed to me personally unless my name is used.
- I understand that some or all of the photographs taken of me during this free modelling session may be sold to third parties in the future for advertising purposes. While all reasonable care will be taken by Timography to ensure that the images are used only for legitimate and lawful purposes, Timography cannot ultimately guarantee how the images will be used.
- I understand that if I receive any proof or preview images from this shoot that I am free to use and distribute them as I wish provided however that at no time nor with any exception will I remove, erase, crop, clone or otherwise digitally manipulate the embedded Timography copyright "©" watermark from the image without express unqualified prior written consent from Timography. To contravene this would constitute a breach pursuant to Section 36(1A)(c) of the *Copyright Act 1968*.
- I acknowledge that by signing this form, subject to restrictions stipulated and agreed, I give up all claims of ownership, income, editorial control and use of the resulting photographs, assign all copyright ownership to the photographer and that no further payment will be due.

I have read this form carefully and fully understand its meanings and implications. I acknowledge that by signing this form I give Timography full copyright and authority to publish the photographs, along with my agreement with the terms listed above. I am 18 years old or over.

Signed: ..... Date: .....

If the model is under 18 years of age, a parent or legal guardian must also sign here:

Parent/guardian signature ..... Date: .....

Name of Parent/Guardian .....

Address .....

Phone no:.....

Email Address .....