



Shadowfind Photography

Model Release Form

I hereby grant to Michael Weber ("Photographer"), the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included for editorial trade, advertising, and any other purpose, and in any manner and medium; and to alter the same without restriction. I hereby release photographer and his or her legal representatives and assigns from all claims and liability relating to said photographs.

Model Name: _____

Address: _____

City: _____ Province _____

Postal Code: _____

Phone: (____) _____ -- _____

E-Mail: _____

Model Signature: _____

Parent / Guardian Consent for Minor Models

I Certify that I am the Parent / Guardian of _____ who is under the age of 18 years old. I consent that photographs of this person may be used for the purposes set forth above.

Date: (MM/DD/YYYY) _____

Name of Parent / Guardian (Print): _____

Signature of Parent / Guardian: _____

Please fill out above form with name of minor and address.

Email: michael.weber@shadowfind.ca **Phone:** 416-230-2300

WWW.SHADOWFIND.CA