

MODEL RELEASE

____, for good and valuable consideration, hereby irrevocably

authorize On The Go Photo Studio LLC to use ph	notographs of me and or my property and authorize		
On The Go Photo Studio LLC and their assignees, licensees, legal representatives and transferees to use and publish (with or without my name, company name, or with a fictitious name) photographs, pictures, portraits or images herein described in any and all forms and media and in all manners including composite images or distorted representations, and the purposes of publicity, illustration, commercial art, advertising, publishing (including publishing in electronic form on CDs or internet			
		websites), for any product or services, or other law	rful uses as may be determined by the photographer
		or studio named here.	
		I, the legal parent or legal guardian of the child model, agree not to bring a lawsuit in the name of the child model for use of the work and to fully defend and indemnify On The Go Photo Studio LLC and all its agents in the event that the child, or someone on behalf of the child, brings a claim. I further waive any and all rights to review or approve any uses of the images, any written copy or finished product. I am of full legal age and have read and fully understand the terms of this release.	
Description of images: 2017-2018 NHS Band Superhero Portrait Session			
Date of Photo Session: July 10, 2017 & July 30, 2017			
Model (if 18 years of age or older)	Legal Guardian (if under 18 years of age)		
Name	Name		
Street	Street		
City/State/Zip	City/State/Zip		
Phone Date	Phone Date		
Signature	Signature		
Witness			

Date

Witness Signature