

**Albany Visitors Association Model Release**

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Photographer: \_\_\_\_\_

Address:       c/o Albany Visitors Association  
                  250 Broadalbin St SW #110  
                  Albany OR 97321

For valuable consideration, I hereby irrevocably consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs which you have this day taken for any purpose whatsoever, without further compensation to me: All negatives and positives, together with the prints shall constitute your property, solely and completely.

I am over 18 years of age. Yes \_\_\_\_ No \_\_\_\_

Model(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If the person signing is under 18, consent should be given by parent or guardian as follows. I hereby certify that I am the parent or guardian of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The model names above, and for values received, I do give my consent without reservations to the foregoing on behalf of him or her or them.

Notes/Exceptions: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Dated)

\_\_\_\_\_  
(Signature of Parent or Guardian)