Albany Visitors Association
Model Release

Location: _____

Date: _____

Photographer:_____

Address: c/o Albany Visitors Association
110 3rd Ave SE
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:_____
_____
Signature of Model: _____
or (Signature of Parent or Guardian)
Date:_____