Model Release for ADULT		r		
For good and valuable consideration, the receipt and legal sufficiency of which is hereby acknowledged, I ("Model") hereby grant to and Eezy - LLC - (collectively, the		 	 	
"Photographer"), the Photographer's successors and assigns, and those persons acting with the Photographer's authority and permission, the right to take and create photographs/videos and other still and/or moving images (in all formats, with or without audio) and other graphical depictions incorporating my likeness, image, voice and/or appearance in any and all media, whether now known or hereafter created (the "Content").		 		
I hereby agree that all ownership of and all rights in and to the Content, including the copyright, are and shall remain the sole property of the Photographer, free and clear from any claims by me or anyone acting on my behalf.		 		
I hereby agree that the Photographer may use the Content for any lawful purpose in perpetuity. The Photographer's rights include, but are not limited to, the rights, in perpetuity, to: use, re-use, publish, and re-publish the Content; alter, modify or otherwise change the Content in any manner the Photographer desires; combine the Content with textual matter and/or with other pictures and/or media; use the Content for illustration, promotion, art, editorial,		Model Information	n:	
		Full Name (Print): Gender: Male Female Prefer not to answer Email: Phone Number: Address:		
advertising, trade, publishing, or any other purpose whatsoever; and license the				
Content to others for any such purposes. I acknowledge that I will not receive any compensation for any such uses of the Content. I hereby release, discharge, and agree to hold harmless the Photographer, the Photographer's heirs, legal representatives, successors and assigns, and all persons acting under the Photographer's authority or those for whom he/she is acting, from any liability by virtue of any use of the Content. Any changes or alterations made thereto, or any unauthorized use of the Content by third parties.		•	State:	
			Zip/Postal Code:	
		Date of Birth: Date of Shoot: Signature: Date Signed:		
		Ethnicity: (Optional)	Check all that apply	
I hereby warrant that I am over the age of 18 years and have the right to contract in my own name. I have read the above authorization, release and agreement, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, successors and assigns. This agreement shall be governed, interpreted and enforced in accordance with the laws of the Commonwealth of Kentucky, without regard to its choice of law principles. No modification of this agreement shall be of any effect unless it is in writing and signed by me and an authorized representative of Photographer.		East Asian Southeast Asian South Asian African-American Hispanic/Latino Other	Native American/First Nations Pacific Islander Mixed Race Multi-Ethnic Senior Adult	
Email: Phone Number:				
	Chahai	Witness Informati	on:	
=	State:	Full Name (Print):		
-	Zip/Postal Code:	, ,		
Date of Shoot:		9		
Signature:		Date Signed:		

