

## **Model Release**

For valuable consideration received, I grant to John Cluderay Imaging (Photographer) the absolute and irrevocable right and unrestricted permission concerning any photographs that he/she has taken or may take of me or in which I may be included with others, to use, reuse, publish, and republish the photographs in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration; and to use my name in connection with any use if he/she so chooses. I release and discharge Photographer from any and all claims and demands that may arise out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of Photographer, as well as the person(s) for whom he/she took the photographs. I am a legally competent adult and have the right to contract in my own name. I have read this document and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

## **Photographer Information**

Name: John Cluderay

Phone: +351910947013

Email: mail@johncluderay.com

Street Address: Rua Da Marombeira 22B

City: Lagos

State: Faro

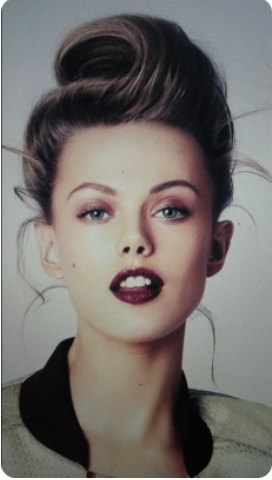
Country: Portugal

Postal Code: 8600 698

A handwritten signature in black ink, appearing to read 'J Cluderay', written in a cursive style.

**Date Signed: 10 May 2017 18:35**

## Model Information



Name: Model Name

Phone: +123456789

Email: Model Email

Date of Birth: 1 January 1996

Street Address: Street

City: City

State: State

Country: Country

Postal Code: Post Code

Model

**Date Signed: 10 May 2017 18:35**

## Witness Information

Name: Witness Name

Street Address: Street

City: City

State: State

Country: Country

Postal Code: Post Code

# Witness

Date Signed: 10 May 2017 18:35