

PHILOSOPHIC PHOTOGRAPHY®
P.O. Box 4361
EVANSVILLE, IN 47724-0361
812-867-6992

Date: _____

MODEL RELEASE

In consideration for value received, I, _____, do hereby give James C. Cox (the photographer), and parties designated by the photographer, including clients, purchasers, agencies and periodicals the right to use my name, portraits or photographs for sale to and reproduction in any medium for purposes of advertisement, trade, display, exhibition or editorial use. I have read this release and fully understand its contents.

I affirm that I am at least 18 years of age.

Signed: _____

Address: _____

Phone: () _____

GUARDIAN'S CONSENT
(If model is under the age of 18)

I am the parent or legal guardian of the above-named minor and hereby approve the foregoing and consent to the photographer's use, subject to the terms mentioned above.

I affirm I have legal right to issue such consent.

Signed: _____

Address: _____

Phone: () _____

Witness: _____