

“Little Models” Membership Application

Child's Name _____ Gender _____ Birthday _____ Size _____

Parent or Legal Guardian's Name _____

Email Address: _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Model Release Agreement

I, _____, for good and valuable consideration, the receipt of which is hereby acknowledged, hereby irrevocably authorize Art Photo, Inc. in Jacksonville, FL to use photographs of my child and or my property and authorize him/(her/their and his/her/their assignees, licensees, legal representatives and transferees to use and publish (with or without my name, company name, or with a fictitious name) photographs, pictures, portraits or images herein described in any and all forms and media and in all manners including composite images or distorted representations, and the purposes of publicity, illustration, commercial art, advertising, publishing (including publishing in electronic form on CDs or internet websites), for any product or services, or other lawful uses as may be determined by Art Photo, Inc.. I further waive any and all rights to review or approve any uses of the images, any written copy or finished product. I have read and fully understand the terms of this release. *Description of images: Studio Portraits*

I am the parent or legal guardian of the above mentioned minor and have the legal right and authority to execute the above release on behalf of the minor.

Signed _____ Witness _____ Date _____

