

SATELLITE PROGRAM
Beachburg, Cobden & Killaloe

A part of Lanark Health and Community Services

MODEL RELEASE

In consideration of my engagement as a model, and for Ø dollars receipt of which is acknowledged, I _____ do hereby grant the Satellite Program, a part of Lanark Health and Community Services, their assigns, licensees and legal representatives, the irrevocable right to use my name or any fictional name, picture, portrait or photograph in all forms or media in all manners, for promotional purposes, advertising, trade or any lawful purposes. I also consent to the use of any printed matter in conjunction therewith.

I waive any right to inspect or approve the finished product including written copy that may be created in connection therewith. I am of full legal age. I have read this release and am familiar with its contents.

Model Name: _____

Signature: _____

Date: _____ **Phone:** _____

Address: _____

CONSENT FOR MINORS (To be signed if model is not of legal age)

I am a parent/guardian of the minor named above and have a legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Name of Model: _____

Name of Parent /Guardian: _____

Relationship: _____

Signature: _____

Date: _____ **Phone:** _____

Address: _____