



## Adult Model Release Form

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, \_\_\_\_\_, hereby grant permission to the City of Bellingham, its officers, employees, contractors and agents (the "City"), upon the terms herewith stated, for the following:

- a) The unrestricted right and permission to copyright and use, re-use, publish, and republish those certain photographs or clips of video footage listed below, of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.
- b) I also permit the use of any printed material in connection therewith.
- c) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.
- d) I hereby release, discharge and agree to save harmless the City, and all persons functioning under the City's permission or authority, or those for whom the City may be functioning, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.
- e) I hereby affirm that I am over the age of majority and have the right to contract in my own name. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

AGREED TO AND ACCEPTED this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Model Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Photo / Video caption(s): \_\_\_\_\_

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