



Model Release
Consent between Model and Photographer

Jennifer Spence, Photographer
7710 W. 87th Dr. #D Arvada, CO 80005
Phone: 720-229-7941
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www.JenniferSpence.com

The model's compensation:

- ☐ Minimum of _____ high resolution photos
☐ Minimum of _____ printed photos
☐ Other: _____

The photographs are delivered via:

- ☐ Internet ☐ CD ☐ Other: _____
The photos will be delivered in _____ week(s)

The model has the right to use the photos:

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | on personal website |
| <input type="checkbox"/> | <input type="checkbox"/> | on other websites |
| <input type="checkbox"/> | <input type="checkbox"/> | for personal marketing |
| <input type="checkbox"/> | <input type="checkbox"/> | for editorial use |
| <input type="checkbox"/> | <input type="checkbox"/> | for commercial use |
| <input type="checkbox"/> | <input type="checkbox"/> | my name must be used in association with the photos |

Models Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

The photographer has the right to use my photos:

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | on personal website |
| <input type="checkbox"/> | <input type="checkbox"/> | on other websites |
| <input type="checkbox"/> | <input type="checkbox"/> | for personal marketing |
| <input type="checkbox"/> | <input type="checkbox"/> | for editorial use |
| <input type="checkbox"/> | <input type="checkbox"/> | for commercial use |
| <input type="checkbox"/> | <input type="checkbox"/> | my name must be used in association with the photos |

For valuable consideration received, I hereby grant to Jennifer Spence ("photographer"), and his or her legal representatives and assigns, the irrevocable and unrestricted right to use and publish images of me, or in which I may be included, for editorial trade, advertising, and any other lawful purpose, and in any manner and medium; and to alter the same without restriction. I hereby release the photographer and his or her legal representatives and assigns from all claims and and liability relating to said images.

Date and Place: _____

Description of Photographs: _____

Other Conditions: _____

Jennifer Spence, Photographer

Date and Place _____

Signature _____

Printed Name _____

Model:

☐ I affirm that I over 18 years of age

Date and Place _____

Signature _____

Printed Name _____

Parent/Legal Guardian's signature for minor:

Signature: _____

Printed Name _____



Image Release Form

On this _____ day of _____, _____ I hereby grant permission to Jennifer Spence and Jennifer Spence Photography ("Photographer"), his/her legal representatives and successors, as well as persons and companies, including Jennifer Spence Photography, acting with his/her the irrevocable right and permission to use, reuse, and publish; in any manner at all, images taken of me by Jennifer Spence Photography, in whole or in part, modified or altered, either by themselves or in conjunction with other images and the photographs taken of me in any medium or form of distribution, and for purposes whatsoever, including, without limitation, all promotional and advertising uses, non-commercial or commercial display, broadcast, exhibition, trade, or any other lawful purposes, as well as the right to use my name in connection therewith, if she so desires; along with the right to copyright said photographs in her own name or in any name that she may select. I understand this includes the right to reproduce photos in print, film, or electronically. Additionally, I authorize any photos and artwork to be cropped or modified and used for promotional, stock, editorial, or commercial purposes.

I waive the right to inspect or approve the finished product or copy and any use thereof.

I agree that the photographs, reproductions, and negatives thereof shall constitute the photographer's sole property, and that the photographer has the full right to dispose of any or all of them in any manner whatsoever.

I hereby forever release and discharge Photographer and his/her respective representatives, licensees successors and assigns, specifically Jennifer Spence Photography and it's clients, from any and all claims, actions, and demands arising out of or in connection with the use of said photographs, including, without limitation, any and all claims for invasion of privacy and libel.

I acknowledge that this release document was signed by me willingly and I certify that I am not a minor, and I am free and able to give such consent. If an undersigned is signing this form on behalf of, or as an agent or employee of company/organization, the undersigned warrants that he/she has full authorization to do so.

Print Full Name

Mailing Address:

Email Address:

Signature

Date



Client Information Form

Name: _____

Address: _____

Phone & Fax (s): _____ E-mail: _____

How did you hear about us? _____

Referred by: _____

What type of session are you interested in? (newborn, child, high school senior, family, wedding, event, exc): _____

Session Participants (name, age, gender): _____

Location Ideas (our studio, your home, parks, mountains, exc): _____

Timeframe & Availability: _____

Goals for final images (digital files, prints, canvas wraps, cards, announcements, exc.): _____

Will you require professional hair, makeup, or wardrobe services? _____

Would you like any props in your portraits? Let us know specifics, and advise if you have any special items of your own you'd like to be sure we incorporate into our session: _____

Portrait Preferences (please check all that apply, note special requests as necessary):

☐ Black and White

☐ Color

☐ Artistic or heavily modified

☐ Formals/ Traditional / People looking directly at camera

☐ Candid / Lifestyle / Portraits with people interacting

☐ Other (let us know details in additional info section)

Additional Information (anything you think will be helpful!) _____
