



Supporting Quality
Veterinary Care

CACVT

191 Yuma Street
Denver, CO 80223
office 303-318-0652
toll free 1-866-318-0652
fax 303-318-0651 or e-fax 309-408-3976
info@cacvt.com
www.cacvt.com

Model Release Form

For and in consideration of my engagement as a model by _____, hereafter referred to as the photographer, on terms or fee hereinafter stated, I hereby give the photographer, his legal representatives and assigns, those for whom the photographer is acting, and those acting with his permission, or his employees, the right and permission to copyright and/or use, reuse, and/or publish and republish photographic pictures or portraits of me, or in which I may be distorted in character, or form, in conjunction with my own or a fictitious names, on reproductions thereof in color, or black and white made through any media by the photographer at his studio or elsewhere, for any purpose whatsoever; including the use of any printed matter in conjunction therewith.

I hereby waive any right to inspect or approve the finished photograph or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I hereby release and discharge the photographer, his representatives, assigns, employees or any person or persons, corporation or corporations, acting under his permission or authority, or any person or persons, corporation or corporations for whom he might be acting, including any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing or reproduction of the finished product, its publication or distribution of the same, no matter the outcome created by said publication or reproduction.

I hereby warrant that I am over twenty-one years of age, and competent to contract in my on name insofar as the above is concerned.

I have read the foregoing release, authorization and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof.

Name (print): _____

Date: _____

Signature: _____

Witness: _____

Date: _____

I hereby certify that I am the parent/guardian of _____ who is under the age of twenty-one years, I hereby consent that any photographs which have been or are about to be taken by the photographer may be used by him for the purposes set forth in original release hereinabove, signed by the infant model, with the same force and effect as if executed by me.

Parent/guardian (print): _____

Date: _____

Signature: _____