

Babyarchive Model Release Form

I, the parent of the model explicitly grant to the picture agency known as **Babyarchive** and to its assignees and licensees, the absolute right and permission to **use, publish or sell the photographs of my child referred to below**, in any media for any purpose (**excluding** pornographic, defamatory, libellous or otherwise unlawful) which may include among others, editorial, marketing, packaging, promotion or advertising for any product or service.

I agree that the images may be combined with other images, text and graphics and cropped, altered or modified and I waive the right to approve any finished product.

I understand I do not own the copyright of these images.

Name of Photographer.....

Date of Photo shoot:.....

Name of Model:.....

Date of Birth of Model:.....

Name of Parent of Model.....

Signature of Parent of Model.....

Address of Model:.....

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Telephone:

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Email address:.....