

MODEL RELEASE FORM

For valuable consideration received, I grant to HearStrong the absolute and irrevocable right and unrestricted permission concerning any photographs that HearStrong has taken or may take of me or in which I may be included with others, to use, reuse, publish, and republish the photographs in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the Internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration; and to use my name in connection with any use if HearStrong so chooses. I release and discharge HearStrong from any and all claims and demands that may arise out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of HearStrong, as well as the person(s) for whom HearStrong took the photographs. I am a legally competent adult and have the right to contract in my own name or the name of the below mentioned minor. I have read this document and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Name (FIRST AND LAST):

Email Address:

Mailing Address:

Signature:

Date:

If The Model Is Under 18 Year Of Age, A Parent Or Legal Guardian Must Also Sign.

Parent/Guardian Signature And Date:
