Minor Model Release

Photographer:

For good and valuable consideration, the receipt and legal sufficiency of which is hereby acknowledged, I grant to **FIREFLY STUDIO** and **Bryan Yates** (collectively, the "Photographer"), the Photographer's assigns, and those persons acting with the Photographer's authority and permission, the right to take and create photographs (in all formats) and other graphical depictions incorporating my likeness, in any and all media, whether now known or hereafter created (the "Photographs").



214-862-4540

I hereby agree that all rights in and to the Photographs, including the copyright, are and shall remain the sole property of the Photographer, free and clear from any claims by me or anyone acting on my behalf.

The Photographer's rights include, but are not limited to, the rights, in perpetuity, to:

Use, re-use, publish, and re-publish the Photographs; Alter, modify or otherwise change the Photographs, in any manner the Photographer desires; Combine the Photographs with textual matter and/or with other pictures and/or media; and, Use the Photographs for illustration, promotion, art, editorial, advertising, trade, publishing, or any other purpose whatsoever.

I hereby release, discharge, and agree to hold harmless the Photographer, the Photographer's heirs, legal representatives and assigns, and all persons acting under the Photographer's authority or those for whom he/she is acting, from any liability by virtue of any use of the photographs or any changes or alterations made thereto.

I warrant and represent that I am the father/mother/guardian of _ named. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Name Print: Bryan rates
Date: Signature:
Phone: 214-862-4540 Address: 1084 Blackland Road Zip: 75189 City: Royse City, Texas Country: U.S.A.
Email: bhyates@hotmail.com
Parent/Guardian: Model Name: Parent Name:
Date: Phone: Address: Zip: City: Country: Email:
Signature (Parent):

Witness: Name Print:	
	Signature:
Zip:	
City:	