

PRIVATE AND CONFIDENTIAL

ADULT MODEL / PERFORMER AGE STATEMENT, AGREEMENT

MODEL LEGAL NAME:

ADDRESS:

DATE OF BIRTH:

MODEL AGE AT TIME OF PRODUCTION:

PHOTO ID

I agree that the photographs or videos taken of me during this session can be used wholly or in part by the photographer for all uses. I acknowledge by signing this form and, subject to restrictions stipulated and agreed, that I give up all claims of ownership, income and editorial control of the resulting photographs and assign all copyright ownership to the photographer. No further payment will be due.

I agree to the following level of identity exposure: (circle one)

A	Initial: _____	Full identity is ok ... entire face, body and identity may be depicted.
B	Initial: _____	Face is obscured with blindfold... ears, mouth and hair may show.
C	Initial: _____	Entire head covered with hood, mask or wrap.

HIDE TATTOOS?	Tattoos, scars or other prominent body marks should be obscured.	Initial: _____
NUDITY OK?	Genitals may be depicted.	Initial: _____

SOCIAL MEDIA	Please tag me on social media. Accounts: _____	Initial: _____
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I certify that I am of legal age at the time the photographs/videos were taken, and have the full legal capacity to execute this authorization without the consent or knowledge of any other person.

I have read this form carefully and fully understand its meanings and implications. I further affirm that I am not now under the influence of any drugs, alcohol or mind altering chemicals or substances that would prevent me from making a clear decision to sign this Agreement and that I have signed it without any undue influence or coercion from anyone and have shown proof of legal age at the time of signing.

AGREED BY THE MODEL / PERFORMER

PHOTOGRAPHER

SIGNATURE:

SIGNATURE:

PRINT NAME:

PRINT NAME:

DATE:

DATE: