SEE YOU IN ACTION PHOTOGRAPHY
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MODEL RELEASE FORM

For adult subjects (18 years or older) photographed by See You In Action Photography

1. SUBJECT DETAILS

Full name _____ **Date of birth** _____

Address _____

Email _____ **Phone** _____

2. SHOOT DETAILS

Event / shoot description _____

Date _____ **Location** _____

3. GRANT OF RIGHTS

I confirm that I am 18 years of age or older, and that I have voluntarily agreed to be photographed and/or filmed ("the Images") by See You In Action Photography ("the Photographer") on the date and at the location stated above.

I grant the Photographer the right to use, reproduce, publish, and distribute the Images, in whole or in part, for the purposes of the Photographer's portfolio, website, social media channels, and promotional or marketing materials, in print and digital form, without further compensation to me, unless otherwise agreed in writing before the shoot.

I understand that the Images may be edited, cropped, or retouched, and that I will not receive royalties or additional payment for any use described above.

4. RELEASE

I release See You In Action Photography, its owner, and representatives from any claims arising from the use of the Images as described in this form, including any distortion or optical illusion resulting from the shooting or editing process, except where such use is defamatory or unlawful.

This form is governed by the laws of England and Wales.

5. SIGNATURE

Signature _____ **Date** _____

Print name _____