

# Model Release Form

WORD AFLAME PUBLICATIONS

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## A. Model Release

I hereby irrevocably consent to and authorize Word Aflame Publications (WAP) or those authorized by WAP the right to use, prepare, and reproduce images that have been taken of me and to copyright the same, in their own name or otherwise; to use, re-use, publish, and re-publish the same in whole or in part, individually in any digital, video, photographic and/or other audio/visual formats, and thereafter distribute, publicly display, and publicly perform for any purposes in any medium of communication now known or later developed, including, but not limited to, illustration, promotion, art, editorial, advertising and trade, or any other purpose whatsoever without restriction as to alteration; and to use my name in connection therewith if they so choose without compensation to me.

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## B. Remote Model Release

I declare that the photographer who took the photos and I, the model, have an understanding whereby I have the rights to give full permission to Word Aflame Publications to use the images I supplied, both printed images and electronic files. I also declare that the person in the photographs is indeed me or a minor of whom I am the parent or duly authorized representative.

I have read the above authorization and release, 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

I understand that signing this release does not guarantee the photos' usage.

### Please check one:

- I represent that I am over the age of eighteen (18) years and that I have read the foregoing and fully and completely understand the contents hereof.
- I represent that the model is a minor and that I am the parent or duly authorized representative of the model and that I have read the foregoing and fully and completely understand the contents hereof.

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## C. Personal Information

Photographer \_\_\_\_\_  
(Print Name)

Model's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
(Please Print)

Signature (if model is over age 18) \_\_\_\_\_ Date \_\_\_\_\_

### *Please complete the following information if model is a minor:*

Age of Minor \_\_\_\_\_

Parent or Legal Representative \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_