

# Subject/Model Release Form

Photographer's name \_\_\_\_\_ date \_\_\_\_\_

Subject's name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

I hereby consent to the use and reproduction by you, the photographer, or anyone authorized by you of any and all photographs which you have taken of me without further compensation. I agree that the photos and negatives constitute your sole property.

I am 18 years of age or older

I am comfortable having my image appear in the following places:

(Cross out any you are not comfortable with.)

Book about lesbian artists

Book about lesbian and gay male artists

Lesbian publications

Women's publications

Lesbian and gay publications

Pagan/Goddess Publications

Art world publications

Anywhere

Signature \_\_\_\_\_ date \_\_\_\_\_

Please print name \_\_\_\_\_

Signature of witness (if available) \_\_\_\_\_ date \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Name, address and phone of someone who always knows how to find you:

\_\_\_\_\_

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