



This form must be signed when the subject of your photograph is identifiable in any manner. The name of the model(s) will not be displayed anywhere in association with this competition, exhibition or associated material, and is for administrative purposes only.

Name of photographer _____

Title of photograph _____

I grant permission for the photographer named above to use photograph(s) in conjunction with the wording agreed upon to accompany this photo, for submission into the 2020 Rainbow Calendar Project Photography Competition.

No changes to the terms of this model release are accepted unless agreed to in writing by the photographer or model.

I, as the model, understand that I do not have claim to copyright of the photograph(s) nor will I receive payment for its use.

Those under 18 years of age must provide consent from a parent/legal guardian.

I have read and agree to the Rainbow Calendar Competition Terms and Conditions.

Model details

Given name _____ Preferred name _____

Surname _____ Date of birth _____

Email _____

Mobile/Phone number _____

If completing this form electronically, you acknowledge that typing your name replaces your handwritten signature.

Signature _____ Date _____

If the model is under 18 years of age this model release form must be signed by the entrant's parent or legal guardian:

I am the parent/legal guardian of the entrant and I have read, understood and agree to above conditions of entry and accept them as part of the competition.

If completing this form electronically, you acknowledge that typing your name replaces your handwritten signature.

Signature _____ Date _____

Name _____

Relationship model _____

Contact details _____