



Model Release Form

Date:

Photographer:

I hereby declare that I am of the full age of eighteen (18) years or more.

I hereby consent that any photographs or images taken by (name of photographer) _____ for the purpose of the Wellington County Photo Contest in which I appear, may be used by the Corporation of the County of Wellington in publications, posters, exhibits, films, video presentations, audio – visual presentations, news releases, advertisements, website and related communications media.

Name (please print): _____

Signature: _____

Signature of Parent or Guardian

(if under 18 years of age): _____