



Capture Oakville

Model Release Form

For valuable consideration, I hereby irrevocably consent to, and authorize the use and reproduction by you, of any and all photographs which have been taken of me, negative or positive and digital images, without further compensation to me, for any purpose connected with the photography event known as Capture Oakville.

Date: _____

Model (*please print Full Name*)

Address: _____

City: _____

Province: _____ Postal Code: _____

Telephone: _____

Model Signature:

Signature of Parent or Guardian (if Minor) (*please print Full Name*):

Witness Signature (*please print Full Name*):

Photographer - Name & Signature (*please print Full Name*):
