

Dizzy Photography

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Model Release Form

I, _____ (print name)
give permission to Dizzy Photography to use my child's
first name and any images taken of them for the
following purposes:

YES

☐ []

☐ []

NO

☐ []

☐ []

on Dizzy Photography's website

for commercial use

PLEASE CHECK ONE:

☐ []

I am over 18, have read and understand
the terms.

☐ []

I am the parent/ legal guardian of the model,
who is a minor. I have read and understand
the terms.

PRINT MODELS NAME

SIGNATURE OF MODEL/LEGAL GUARDIAN

DATE SIGNED