



Integrity Photography Talent Release and Assignment Form

In consideration of the opportunity to gain experience as a model and for other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, _____, hereby grant to Integrity Photography (IP), a public body corporate, and those acting pursuant to its authority the absolute right and permission to:

- a. Record my participation and appearance on videotape, audiotape, film, photograph or any other medium.
- b. Use my name, likeness, voice and biographical material in connection with these recordings
- c. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any promotional purpose which IP, and those acting pursuant to its authority, deem appropriate.

I further grant to IP the right to copyright such pictures and images in its own name or to publish, to market and to assign without further consideration, compensation or report to me.

I hereby waive any rights or interests that I might have in the pictures and images, including any rights to inspect and/or approve the finished photographs and images or the use of which they may be applied so long as their use shall be lawful.

I, on behalf of myself, my family, heirs, and personal representatives, expressly release, discharge and agree to hold harmless IP, their officers, representatives, agents, employees and assigns from and against any and all claims, demands and causes of action which I might have arising from any actual or alleged violation or infringement of any trademark, trade name, contract, agreement, copyright (common law or statutory), patent, invasion of privacy, defamation, or any other cause of action arising out of the production, distribution and exhibition of the photographs and images. I agree that this Release shall be construed pursuant to the laws of the State of Florida. Venue for any legal proceeding concerning this Release shall be Jacksonville, Duval County, Florida.

I HAVE READ THE FOREGOING RELEASE AND AUTHORIZATION BEFORE SIGNING BELOW. I WARRANT THAT I AM 18 YEARS OF AGE OR OLDER AND FULLY UNDERSTAND THE CONTENTS OF THIS RELEASE.

MODEL (PRINT NAME)

WITNESS (PRINT NAME)

DATE

MODEL SIGNATURE

WITNESS SIGNATURE

DATE

I hereby certify that I am the parent and/or guardian of _____, a minor under the age of 18 years, and in consideration of value received, the receipt of which is hereby acknowledged, I hereby consent that any photographs which have been or about to be taken by the photographer may be used by same for the purposes as set forth above, signed by the minor, with the same force in effect as if executed by me.

PARENT OR GUARDIAN (PRINT)

SIGNATURE OF PARENT OR GUARDIAN

DATE

STREET ADDRESS

CITY, STATE

ZIP