

MODEL RELEASE FOR ADULTS

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OVERTIME RATE:

RATE TO EXTEND USAGE FOR EACH ADDITIONAL YEAR:

This release must be submitted with a contact sheet or list of the image(s) to which it pertains.

I represent that II am of full age, and I have read the foregoing and fully understand the meaning and effect thereof, and intending to be legally bound I have signed this Authorization, Assignment and Release.

Address:_	1004 Man	atee Rd
City: Na	ples	_State: FL ZIP Code: 34114
	239-571-	
		Date: 06/17/2020

For Agents Representing and Signing for Model please complete the following:

Agency Name :		
Print Name of Signato	r:	
Agency Address :		
City:	State:	ZIP Code
Telephone :		Date :
Agency Signature :		





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own and use in connection with t	he (TITLE OF PROJECT HERE)
	/the "Declare"

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Model's Name	o: Kyl.	e B	artos	5
Address :	004	Man	atee	Rd #20
city: No	ples	_ State : }	L ZIP Code	34/14
Telephone : _	239-	537 -	4669	
DOB: 09	109/19	2990ate :_	6/17	1/2000
Model's Signa			Bel	te

For Agents Representing and Signing for Model please complete the following:

Agency Name :		
Print Name of Signator		
Agency Address :		
City:	State : _	ZIP Code :
Telephone :		Date :
Agency Signature :		

