

Photographic Model Release for Bob PHILLIPS hereby referred to as "Shrinkpictures"

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I acknowledge that by signing this form that I give up all claims of ownership, income, editorial control and use of the resulting images and assign all copyright ownership to Shrinkpictures, his heirs and legal representatives.

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I have read and understood the contents of this document and I am capable of entering into legal contracts or I am the guardian of a person who cannot enter into a legal agreement and I am authorized to sign on their behalf by law.

Signed

Witness Signature

Printed Name

Witness Name

Name of Model (If Guardian signs for child)

Date/s of Photography

Address (suburb and Zip Required)

Location of Photography (Optional)

Date