

MODEL RELEASE FORM

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I agree that any use of Blue Collar Kitten trademarks (or any variation or similar mark) at any time after the date hereof must be approved in writing by TruBlue Enterprises, Inc.

Signed:	Initial	
(Person being photog	aphed)	
Date:		
Social Security #:		
Name:		
(Please Print)		
Address:		
	Telephone:	
E-mail:		
State of Residence:		
NAMES YOU HAVE EVER USE	IAMES, NICKNAMES, STAGE NAMES AND PROFESSIONAL D OR BEEN KNOWN	
FRIEND/RELATIVE WHO CAN	ALWAYS FIND YOU:	
How Related:		
City/State/Zip:	Telephone:	
of such release, and agree to against any claim that the m because of the use of the ph understand that the benefici	e minor who signed the above release, consent to the sig defend and hold the beneficiaries of the release harmless nor may make (before or after reaching the age of major stographs in any manner permitted by such release. I full- ries of the release are and will be relying upon my agreen aded to induce them to accept the release.	s rity) y
Signed:	Initial	
(Parent or Guardian)		
Date: Name:		
Name: (Please Print)		
Address:		
City/State/Zip:		

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