CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION Model Release for Video/Photography

To:				

I hereby irrevocably consent to and authorize the use and reproduction by CSEA, or anyone authorized by CSEA, of any and all photographs/video which you have this day taken of me, negative, positive, digital or tape in any CSEA print or electronic publication. All images shall constitute CSEA property, solely and completely.

I am over 18 years of age.	□ Yes	🗅 No		
Model (Print name)	Si	gnature		Date
Street Address	C	ty		Zip
Witnessed By (Print name) Si	gnature		
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If the person is under 18 conse	ent should be giv	/en by parent or	guardian, as fol	llows:
I hereby certify that I am the pa	arent or guardia	n of:		
			Minor's Name	(Print)
I do give consent without reser	vation to the for	egoing on behal	f of the model na	amed above.
Parent/Guardian (Print nam	ne) Si	gnature		Date
Witnessed By (Print name)	Si	gnature		