Center for Integrative Veterinary Care, Inc. Dr. ShowMore

72 West Main St Hopkinton, MA 01748 Office: 508-435-4077 Fax: 508-435-5533

Model Release Form

In consideration of my agreement as a model, I hereby grant publish to the Center for Integrative Veterinary Care, Inc./Dr ShowMore: his heirs, legal representatives and assigns, those for whom the photographer is acting with his authority and permission, the irrevocable and unrestricted right and permission to copyright, in its own name or otherwise, the photos that have been taken for the calendar will only be used for the calendar. There may be both a printed and digital form. They may be used to help promote the calendar for advertising and trade.

I hereby have a right to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied. Once I have signed off with that print that will be all that is needed.

I hereby release, discharge and agree to save harmless the photographer/publisher and his heirs, legal representatives and assigns, and all persons acting under his permission or authority or those, for whom he is acting, from any liability by virtue of any blurring, distortion and alteration. Optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without any limitation any claims for libel or invasion of privacy or use for sensitive issues.

I hereby warrant that I am of full age (over 18 years of age) and have the right to contract in my own name.

I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Name:	Date:
Address:	
Witness Name:	Date:
Address:	
Signature:	