

Photos can be digital or 35mm. Each photo must be accompanied by a signed model release form from each subject, and the back of each photo should be labeled with all appropriate information. Please send photos, release forms, description of activity, and credit line information to *ACSM's Health & Fitness Journal*<sup>®</sup>; 401 W. Michigan St.; Indianapolis, IN 46202-3233.



## Model Release Form

I or my legal guardian hereby grant to the American College of Sports Medicine, hereafter known as the Principal, the irrevocable and unrestricted right and permission to copyright, in its own name or otherwise, and use, re-use, publish, and re-publish photographic portraits or pictures of me or in which I may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium and in any and all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever. I or my legal guardian also consent to the use of any printed matter in conjunction therewith.

I or my legal guardian hereby waive any right that I or my legal guardian may have 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.

I or my legal guardian if not of full age, have read the above authorization, release, and agreement, prior to its execution, and am fully familiar with the contents thereof. This release shall be binding upon me/my guardian and my heirs, legal representatives, and assigns.

\_\_\_\_\_  
Name of the model (please print)

\_\_\_\_\_  
Signature of the model

\_\_\_\_\_  
Signature of parent or legal guardian if  
model under the age of 18

\_\_\_\_\_  
Name of parent or legal guardian (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number, including area code

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, zip code

\_\_\_\_\_  
E-mail