

# Minor Model Release

STS Photo Assignment: \_\_\_\_\_

I affirm that I am the parent/guardian of the minor represented in the Picture, and have full legal capacity to execute this release. By signing this release, I hereby give the Photographer named below my permission to use the Picture for all aspects of the Lenspiration Shoot to Serve Photo Assignment listed above.

If you are signing in this capacity, please provide the information below:

Photographer Name (*please print*): \_\_\_\_\_

Photographer Signature: \_\_\_\_\_

Parent/Guardian Name (*please print*): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date signed (*day/month/year*): \_\_\_\_\_