

**Standard Model Release Form
ClipShot, LLC**

I, hereby, consent for all purposes to the sale, reproduction and/or use of still photographs, films, video images or audio recordings, of me, with or without the use of my name, by **ClipShot, LLC** in all forms and media and in all matters, including promotional, trade, educational, display, editorial and exhibition.

In giving this consent, I release **ClipShot LLC** from liability for any violation of any personal or proprietary right I may have in connection with such sale, reproduction of use.

I am more than eighteen years of age.

DATE: _____

SIGNATURE: _____

PRINT NAME: _____

ADDRESS: _____

Witness –Print Name: _____

Witness –Signature: _____

Guardian’s Consent:

I am the parent or legal guardian of the minor named below, and have the legal authority to execute the above consent and release. I approve the foregoing and waive any rights in the premises.

DATE: _____

NAME OF MINOR: _____

SIGNATURE OF GUARDIAN: _____

PRINT NAME: _____

ADDRESS: _____

Witness –Print Name: _____

Witness –Signature: _____