

# DIAMOND SKY PRODUCTIONS, LLC

## MODEL RELEASE

DATE: \_\_\_\_\_

PHOTOGRAPHER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### SHOOT FOR MESSAGE TO THE MILKY WAY/EARTH BEHELD CONTEST

In consideration of my engagement as a model, and for other good and valuable consideration herein acknowledged as received, I agree that Diamond Sky Productions, (DSP) and DSP Agents may photograph and record my likeness and activities (“Images”). I grant the following rights to DSP and DSP Agent: Permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the Shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, worldwide in perpetuity for the purposes stated above. I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge DSP and DSP Agent from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy or other act.

#### Definitions:

Shoot” means the photographic or video session described in this form. “DSP Agent” means the photographer or other person or entity photographing or recording you during the Shoot.

“Diamond Sky Productions” means Diamond Sky Productions, LLC and its affiliates, subsidiaries, any company or person that DSP gives rights to and licensees of the company or person.

“Image” means all photographs, video or other recordings taken of you as part of the Shoot.

**I have read the foregoing. I fully understand its contents and confirm my agreement by signing below. I am over the age of 18 and have legal capacity to sign the release. This document shall be binding upon me and my heirs, legal representatives, and assigns.**

Date \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Telephone \_\_\_\_\_

**If subject is a minor, I warrant and represent that I am the parent or legal guardian of the minor. If subject is illiterate, third party witness please sign below:**

**Circle one: Father Mother - Guardian –  
Witness**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

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