## **Photo/Video Model Release**



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I hereby waive any right that I may have to inspect and approve the finished product or copy that may be used in connection with an image that the Photographer has taken of my child(ren), or the use to which it may be applied. I further release the Photographer, the ARRL or others for whom he/she is acting, from any claims for remuneration associated with any form of damage, foreseen or unforeseen, associated with the proper commercial or artistic use of these images.

Model's Name/call sign:	
Signature:	
Date:	
Model's phone/e-mail:	

## If Model is under the age of 18:

Date of photo: \_\_\_\_\_\_\_Photographer/call sign: \_\_\_\_\_\_

Photographer's phone/e-mail:

## Please return this photo waiver to:

ARRL ATTN: Lifelong Learning 225 Main Street Newington, CT 06111 Email: <u>EAD@arrl.org</u> FAX: 860-594-0259