



## Scientific Arts Limited - Sciarts

MODEL RELEASE      Ref No.

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### Model Information

Name (print): \_\_\_\_\_  
Address: \_\_\_\_\_  
Town/City: \_\_\_\_\_ County: \_\_\_\_\_  
Country: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(by signing this I confirm I am the model in the video and photographs taken)

### Parent/Legal Guardian's/ signature if model is under 18

Signature: \_\_\_\_\_ Name:(print) \_\_\_\_\_  
Date: \_\_\_\_\_  
(by signing this I confirm I am the parent/ legal guardian of the named minor)

### Witnessed by

Signature: \_\_\_\_\_ Name:(print) \_\_\_\_\_  
Date: \_\_\_\_\_  
(by signing this I confirm that I have witnessed the parent/ legal guardian of the named minor sign this form)

### Photographer/Videographer Information

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(by signing this to confirm Scientific Arts Ltd took the photographs/video)