



604 Lafayette Street Suite 202 • P.O. Box 2845 • Waterloo, IA 50704

MODEL RELEASE FORM

I, _____ (print Model's name)
do hereby give _____ (the Photographer); Silos
& Smokestacks National Heritage Area (SSNHA) and its assignees or designees, licensees, successors in interest
and legal representatives irrevocable right to use my name (or any fictional name), picture, portrait, or photograph
in all forms and in all media and in all manners, without any restriction as to changes or alterations (including but
not limited to composite or distorted representations or derivative works made in any medium) for advertising,
trade, promotion, exhibition, or any other lawful purposes, and I waive any right to inspect or approve the
photograph(s) or finished version(s) incorporating the photograph(s), including written copy that may be created
and appear in connection therewith. I hereby release and agree to hold harmless the Photographer; SSNHA and it's
assignees or designees, licensees, successors in interest and legal representatives from any liability by virtue of
any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that
may occur or be produced in the taking of the photographs, or in any processing tending toward the completion of
the finished product, unless it can be shown that they and the publication thereof were maliciously caused,
produced, and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn,
and indignity. I agree that the Photographer owns the copyright in these photographs, and has given SSNHA
permission for all of the fore mentioned uses. I hereby waive any claims I may have based on any usage of the
photographs or works derived therefrom, including but not limited to claims for either invasion of privacy or libel.
I am of full age (or the legal guardian if subject is a minor)* and competent to sign this release. I agree that this
release shall be binding on me, my legal representatives, heirs, and assigns. I have read this release and am fully
familiar with its contents.

Photographer Signature: _____ Date: _____

Model Signature: _____ Date: _____

*Consent (if applicable)

I am the parent or guardian of the minor named above and have the legal authority to execute the above release.

I approve the foregoing and waive any rights in the premises.

Parent/Guardian Signature: _____ Date: _____

Photo Title: _____

Photographer Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____