

THE COMPLEAT ANACHRONIST
MODEL RELEASE FORM

I, (legal name) _____, being known within the Society for Creative Anachronism as (name) _____, do hereby grant permission to the SCA for the photograph(s) of me taken by _____ to be used as follows:

GRANT OF USE

The SCA may publish my photo(s) in *The Compleat Anachronist* for initial publication and unlimited reprints, as well as publish my photo(s) in digital form (CD or similar media).

I affirm and agree:

1. that this agreement shall be binding upon me and my heirs, legal representatives and assigns.
2. that I am over the age of majority and at least eighteen years of age and legally able to sign this release on my own behalf. If I am not, the name and signature of my legal guardian appear below as authorization for this use.
3. to indemnify and hold harmless the SCA in the event any claim is brought against the SCA by any person claiming that this Release is not valid and enforceable or that I did not have lawful authority to grant the above permission and rights to the SCA.

I have read the above Release prior to its execution and fully understand the contents and consequences thereof.

SIGNATURE	
DATE	E-MAIL ADDRESS
MAILING ADDRESS	
**LEGAL GUARDIAN NAME (Please Print)	
LEGAL GUARDIAN SIGNATURE	DATE

**If I am executing this Release as a Parent or Guardian, I consent to the use of my child's image or photograph as set out above, and I agree that if despite the Release, my child makes a claim against the SCA, I will hold harmless and indemnify the SCA for any damages it may incur as a result of said claim.