



Model Release Form

I, (legal name) _____, being known within the Society for Creative Anachronism (SCA) as (name) _____, do hereby grant permission to the SCA for the photograph of me taken by _____ to be used as follows (check all that apply, complete blanks and necessary):

Option #1 – RELEASE FOR ALL PHOTOGRAPHS

- The SCA may publish any photograph taken of me in any SCA publication, including print, web and electronic. I reserve the right to ask that any specific picture on the web or in electronic media to be removed. (PLEASE STOP: If you checked Option #1, do not check any of the Options below.)

OTHER OPTIONS – GRANT OF USE

The SCA may (check all that apply):

- Publish my photograph once in an issue of _____;
- Publish my photograph no more than ____times in the above publication;
- Publish my photograph with the article entitled _____;
- Publish my photograph in any re-print of the above publication including electronic form;
- Publish my photograph on an SCA website for _____;
- Publish my photograph with any article or as a stand-alone picture in any SCA publication including print, web and electronic.

I reserve the right to later request the removal of specific images of me from websites and other electronic media controlled by the Society for Creative Anachronism.

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. 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
SCA NAME OR PREFERRED USE NAME	
EMAIL ADDRESS or PHONE NUMBER	
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 such claims.