



Photo/Video Department
404 Euclid Avenue • San Diego, CA 92114
Tel: 619.527.6161 • Fax: 619.450.4030

Minor Model Release

As the parent/guardian of the individual of _____, performing
on _____, at the Market Creek Plaza/Amphitheater/Joe & Vi Jacobs
Center, I give consent for _____ to be photographed and
videotaped.

Group Name
Date
Minor Model Name

I hereby give the irrevocable right to use my name picture, portrait, photographs, in all forms and in all media and in all manners, without any restriction as to changes or alterations for advertising, trade, promotion, exhibition, or any other lawful purposes, as legal guardian, 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 **The Jacobs Center For Neighborhood Innovation** (JCNI) harmless from any liability. I agree that **The Jacobs Center For Neighborhood Innovation** owns the copyright of these photographs/video and I hereby waive any claims I may have based on any usage of the photographs/video or works derived there from, including but not limited to claims for either invasion of privacy or libel. I agree that this release shall be binding on me as legal guardian, my legal representatives, and assigns. I have read this release and am fully familiar with its contents.

Date: _____, _____, _____

Minor Model Name

Parent/Guardian – Signature

Photo/Video Dept. – Signature

Phone: _____

404 Euclid Avenue, #202

Email: _____

San Diego, CA 92114

(619) 527-6161, Ext. 142

Address:

