



## PHOTO SHOOT MODEL RELEASE

I, \_\_\_\_\_, the undersigned, hereby grant the photographer and  
(Parent/Guardian Name)  
**BCI BURKE COMPANY, LLC** permission to take photographs and video of my children, and I also give them permission to put the finished photographs to any legitimate uses they may deem proper. Further, I relinquish all rights, title and interest I may have in the finished pictures, files, reproductions, and copies of the original files, prints, and further grant the right to give, sell, transfer and exhibit the original files, or copies and facsimiles thereof, to any responsible individual, business firm, or publication, or to any of their assignees.

**PLEASE PRINT THE FOLLOWING INFORMATION:**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**ACCEPTED AND AGREED TO:**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_