

MODEL RELEASE

HABUR IMAGES SC I. HABUR, B. KUCHALSKI
ul. DABROWSKIEGO 77A | 60-529 POZNAN | POLAND



For Consideration herein acknowledged as received, and by signing this release I hereby give the Photographer / Filmmaker and Assigns my permission to license the Content and to use the Content in any Media for any purpose (except pornographic or defamatory) which may include, among others, advertising, promotion, marketing and packaging for any product or service. I agree that the Content may be combined with other images, text, graphics, film, audio, audio-visual works; and may be cropped, altered or modified. I acknowledge and agree that I have consented to publication of my ethnicity(ies) as indicated below, but understand that other ethnicities may be associated with me by the Photographer / Filmmaker and / or Assigns for descriptive purposes.

I agree that I have no rights to the Content, and all rights to the Content belong to the Photographer / Filmmaker and Assigns. I acknowledge and agree that I have no further right to additional consideration or accounting, and that I will make no further claim for any reason to Photographer / Filmmaker and / or Assigns. I acknowledge and agree that this release is binding upon my heirs and assigns. I agree that this release is irrevocable, worldwide and perpetual, and will be governed by the laws (excluding the law of conflicts) of the country/state from the following list that is nearest to the address of the Model (or Parent*) given opposite: New York, Alberta, England, Australia and New Zealand.

It is agreed that my personal information will not be made publicly available but may only be used directly in relation to the licensing of the Content where necessary (e.g. to defend claims, protect rights or notify trade unions) and may be retained as long as necessary to fulfill this purpose, including by being shared with sub-licensees / assignees of the Photographer / Filmmaker and transferred to countries with differing data protection and privacy laws where it may be stored, accessed and used. I represent and warrant that I am at least 18 years of age and have the full legal capacity to execute this release.

Definitions: "ASSIGNS" means a person or any company to whom Photographer/Filmmaker has assigned or licensed rights under this release as well as the licensees of any such person or company. "CONSIDERATION" means \$1 or something else of value I have received in exchange for the rights granted by me in this release. "CONTENT" means all photographs, film, audio, or other recording, still or moving, taken of me as part of the Shoot. "MEDIA" means all media including digital, electronic, print, television, film, radio and other media now known or to be invented. "MODEL" means me and includes my appearance, likeness and voice. "PARENT" means the parent and/or legal guardian of the Model. Parent and Model are referred to together as "I" and "me" in this release, as the context dictates. "PHOTOGRAPHER / FILMMAKER" means photographer, illustrator, filmmaker or cinematographer, or any other person or entity photographing or recording me. "SHOOT" means the photographic, film or recording session described in this form.

Photographer/Filmmaker Information

Name (print) IZABELA HABUR

Signature _____

Date signed (DD/MM/YEAR) _____

Shoot Date _____

Shoot Country & Region/State _____

Shoot Description/Ref. (if applicable) _____

Attach Visual reference of Model here:
(Aligned to top right-hand corner if larger than box.)

For example, Polaroid, drivers license, print, photocopy, etc.

Model Information

Name (print) _____

Date of Birth (DD/MM/YEAR) _____

Gender: male female

Model (or Parent*) Information

Residence Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Phone _____ Email _____

Signature _____

Date signed (DD/MM/YEAR) _____

*If Model is a minor or lacks capacity in the jurisdiction of residence, Parent warrants and represents that Parent is the legal guardian of Model, and has the full legal capacity to consent to the Shoot and to execute this release OF ALL RIGHTS IN MODEL'S CONTENT. If you are signing in this capacity, please enter your details above and your name below.

Parent Name: _____
if applicable.

Additional information to be completed by Model: (Optional)

Ethnicity information is requested for descriptive purposes only, and serves as a means of providing more accuracy in assigning search words.

___ Asian - circle all that applies to you:

(Chinese, Japanese, Korean, Indian, other)

___ Caucasian, White ___ Hispanic, Latin

___ Middle Eastern ___ Native American ___ Pacific Islander

___ Black ___ Mixed Race ___ African American

Other: _____

Witness (NOTE: All persons signing and witnessing must be of legal age and capacity in the area in which this Release is signed. A person cannot witness their own release)

Name (print) _____

Signature _____

Date _____