## **MODEL RELEASE**

Model/actor name:					
Address:				<b>AHD-Americ</b> DAPTIVE SCUBA P	
City:	State/Province:		_		
Zip/Postal Code:	Country:				
Email:	Telephone:				
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I hereby release and discha permission and authority or to including but not limited to littaking of the photographs/v assume these risks myself. I have under their permission and a from the use of the photograph(s)/video(s) in its other use in any form of med	hose for whom they may be ability caused by any distor deo or in processing, repronereby release and discharguthority or those for whom graph(s)/video(s), and assu/their original, enhanced, or	e acting, from an tion, blurring, alt oduction or editi ge IAHD-AMER In they may be ac me any such ris	d against any li teration or option of the finish ICAS and their ting, from and sks myself. I w	ability as a result of cal illusion that may led photograph(s)/ assigns, and all pe against any liability aive any right to	f this release, y occur in the video(s) and ersons acting y that results inspect said
I understand that no paymer future.	t or consideration other th	an as stated in th	nis agreement v	vill be paid to me r	now or in the
I agree that copyright ownership of any photos, video, or other media resulting from this agreement shall be owned by <b>IAHD-AMERICAS</b> or its affiliate(s) as <b>IAHD-AMERICAS</b> shall decide.					
I hereby warrant that I am of full age and competent to contract in my own name in so far as the contents of this release are concerned; or, if the Model/actor is under age 18, that I am the parent or legal guardian of the Model/actor and I have the legal right to sign this agreement on the Model/actor's behalf. I have read the above and I fully understand its contents.					
Model/actor signature		Date	Age*		
*If Model/actor is under the age of 18 years, a parent or legal guardian's signature is required:					
Parent/Legal Guardian's sig	gnature Date:		Rela	ationship:	
Printed Name of Parent/Le	gal Guardian:				