

CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION
Model Release for Video/Photography

To: _____

I hereby irrevocably consent to and authorize the use and reproduction by CSEA, or anyone authorized by CSEA, of any and all photographs/video which you have this day taken of me, negative, positive, digital or tape in any CSEA print or electronic publication. All images shall constitute CSEA property, solely and completely.

I am over 18 years of age. Yes No

Model (Print name)	Signature	Date
Street Address	City	Zip
Witnessed By (Print name)	Signature	

* * * * *

If the person is under 18 consent should be given by parent or guardian, as follows:

I hereby certify that I am the parent or guardian of: _____
Minor's Name (Print)

I do give consent without reservation to the foregoing on behalf of the model named above.

Parent/Guardian (Print name)	Signature	Date
Witnessed By (Print name)	Signature	