

Name:





Copyright Release and Consent Form

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Address:	Email:
Address.	Email.
distribute, exhibit, or otherwise use my photographs, the photographs that <u>Buckle Bunny Tattoo</u> has	
taken or may take of me or in which I may be included <u>Tattoo</u> from all claims, demands and liabilities whatsoe	
⊕ Upon the usage of my photographs, I consent to such materials becoming the sole property of Buckle Bunny Tattoo and that I will no longer be entitled to them.	
⊕ I acknowledge that the images may be used, reproduce, display, perform, transmit, publish, broadcast, or otherwise use, without limitation, in print publications, online publications, advertisements, website entries, magazines, journals, books, articles, social media, photograph, graphic material, artwork, hyperlink, software, visual and/or audio recording, or any other multimedia content (collectively, "Media Content") that I may provide.	
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Additionally, I agree to release, discharge, and hold employees, from any and all claims, actions and demail limited to any claims of libel, invasion of privacy, or infarising out of or in connection with any use of said Medical Research	nds of whatsoever nature, including but not ringement of copyright or publicity rights,
♠ I have read and fully understood the aforementioned	d terms and conditions.
Print Name:	Date:
Signature:	
Buckle Bunny Representative:	Date: