



Model Release Form

MODEL FULL NAME:	
BIRTHDAY (MM/DD/YY):	
MAILING ADDRESS:	
PHONE #:	
EMAIL:	
INSTAGRAM HANDLE:	

AGENCY:	
AGENCY REPRESENTATIVE:	
PHONE #:	
EMAIL:	

I grant GLOBAL ARTISTRY COUNCIL (GAC) usage of submitted photos subject to the following condition(s):

- I understand that the photos submitted can be used wholly or in part for any publication, (commercial or otherwise), portfolio, social media or public display for THE Awards and THE Summit events.

I acknowledge that by signing this form, I grant the use of the submitted photographs to be used by GAC and third parties to represent T.H.E Awards and T.H.E Summit events. I have read this form in full and understand its contents. I am 18 years of age or older.

MODEL SIGNATURE:
DATE:

AGENCY SIGNATURE:
DATE: