

MODEL RELEASE



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Model Name *(please print clearly)*

Signature

Date

Contact information: (for verification purposes only)

Phone: _____

Email: _____

IF MODEL IS A MINOR (UNDER 18), PARENT OR GUARDIAN MUST SIGN BELOW

I, the undersigned, being parent or guardian of the minor, whose name appears above, hereby consent to the foregoing conditions and warrant that I have the authority to give such consent.

Signature of parent or guardian

Date

Return this form to:

Sempervirens Fund, 419 S. San Antonio Road, Ste. 211, Los Altos, CA 94022

Email: redwoods@sempervirens.org