

Claude Laval Corporation - LAKOS Photo Program

MODEL RELEASE

I hereby give permission to [**your name here**] to use my name and photographic likeness for the LAKOS Photo Program.

Print Name:

Address:

E-mail:

Telephone:

Signature:

Date:

If Model is under 18: I, _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name:

Address:

E-mail:

Telephone:

Signature:

Date: