

MODEL RELEASE

Williamson County EMS

PO Box 873 Georgetown, TX 78626



Name _____ Date _____

For valuable consideration received, I hereby give Williamson County EMS the absolute and irrevocable right and permission, with respect to the photographs that are taken of me or in which I may be included with others:

- a) To copyright the same in their own name or any other name they may choose.
- b) To use, re-use, publish, and re-publish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion and advertising or any other lawful purpose.
- c) To use my name in connection therewith if they so choose.

I hereby release and discharge Williamson County, Williamson County EMS, and its officers, employees, and agents from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel or invasion of privacy.

This authorization and release shall also enure to the benefit of the legal representatives, licensees and assigns of Williamson County EMS as well as the person(s) for whom they took the photographs.

I certify that I am at least eighteen (18) years of age (or if under 18 years of age, that I am joined herein by my parent or legal guardian) and that this release is signed voluntarily, under no duress, and without expectation of compensation in any form now or in the future. This release shall be binding upon me and my heirs, legal representatives, and assigns. I have read the foregoing and fully understand the contents thereof.

Print Name _____

Witnessed by _____

Signature _____

Signature _____

Parent/Guardian _____

Telephone# _____

Telephone# _____

Address _____

Address _____