

# Model/Likeness Release

Photographer Information: **Santa Barbara Junior Golf Members:**

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Event(s) or Project(s): **Santa Barbara Junior Golf Tour Events for the Season :**

I, \_\_\_\_\_, hereby **grant permission** to the Santa Barbara Junior Golf Tour (“Photographer”) their/his/her agents, assigns, and representatives to record my name, image, likeness, appearance, statements voice and/or biographical materials and information (collectively “Likeness”) by photograph, video, motion film, audio, interview or other recording means (“Recordings”).

\_\_\_ I, \_\_\_\_\_, **decline permission** to the Santa Barbara Junior Golf Tour (“Photographer”) their/his/her agents, assigns, and representatives to record my name, image, likeness, appearance, statement voice and/or biographical materials and information (collectively “Likeness”) by photograph, video, motion film, audio, interview or other recording means (“Recordings”).

I understand that Photographer will have the rights, including, copyright, title and interest in and to the Recordings and that Photographer will be entitled to the rights, including, but not limited to, to display, reproduce, use and publish Recordings, or any part thereof, for use in its promotional, marketing and informational materials as approved by the Santa Barbara junior Golf Tour Foundation. I hereby reserve my right to also use said photographs and/or videos, copies of which will be supplied to me within a reasonable time upon request.

I agree that Photographers have the unlimited right to modify and/or crop the size of any such photograph or video and to edit the same so long as said edit does not in any way change, blur, distort, rearrange, alter and transpose my image.

I have read and understand this Release. I represent that I am at least eighteen (18) years old and have legal capacity in my jurisdiction of residence to sign this Release. I understand that this Release shall be binding upon my heirs and assigns.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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***If the subject is a minor or lacks legal capacity, a parent/legal guardian must sign below.***

I am the parent or legal guardian of the minor/subject and have the authority to execute this Release on her/his behalf.

Minor/Subject Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_ Print Name: \_\_\_\_\_

Check One:  Father  Mother  Guardian

*If the subject and/or parent/guardian are not literate in English, a witness must read and explain this Release to the subject and parent/guardian and sign below.*

Witness’ Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_