



# MODEL RELEASE

## Education

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

Photo ID(s): \_\_\_\_\_

I, the person whose name appears below, provide an irrevocable, perpetual consent to and authorization of the Museum of Fine Arts, Boston, to create photographs of me while at the Museum (“Photos”), to use, reproduce and distribute in any media these Photos and materials that incorporate or are based upon the Photos, *but only* for the purpose of promoting programs presented by the Museum, and other educational purposes, worldwide. I understand that I will not be paid money, and I provide this consent and authorization in consideration of my inclusion in the Photos, and other good and valuable consideration, the receipt and sufficiency of which are acknowledged. Unless indicated below, I am not a minor and I am competent to give this consent and authorization. All Photos are the property of the Museum of Fine Arts, Boston, solely and completely, who will not be obligated to publish or use them in any manner.

Name \_\_\_\_\_ / \_\_\_\_\_  
Print Signature

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**If the above named party is a minor check here \_\_\_ and complete the form below.**

I am the (circle one) parent/legal guardian of the party identified above. I agree to the terms set forth above on behalf of myself and the above named party.

Parent or Guardian \_\_\_\_\_ / \_\_\_\_\_  
Print Signature

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Witness \_\_\_\_\_ / \_\_\_\_\_  
Print Signature