

♥ First2Care Talent Release Form

I hereby consent to be photographed/filmed/recorded by First2Care.

I hereby release First2Care of any and all claims and liability from use and publication of photographs/videos/recordings of me.

I hereby authorise the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of photographs/videos/recordings that represent me without limitation across all printed, electronic and social media, and in perpetuity at the discretion of First2Care.

I agree that First2Care will own any and all rights to photographs/videos/recordings taken of me.

I acknowledge and agree that this release is binding, irrevocable and perpetual, and I waive any right to any additional compensation, other than what is advised, either in writing or verbally by a duly authorised representative of First2Care, in advance of participation on the day.

By signing this form, I agree that I have the capacity to understand and sign this form and I agree to the terms outlined above.

Name:		Date of Birth:
Are you a client with First2Care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Post Code:
Mobile Phone:	Email:	
Address:		
Description of appearance:		
Name:	Signature:	Date:

If the person this release form relates to does not have the capacity to understand or sign this form, or if you are a nominee/parent/guardian of a client who is under 18 years of age, please sign below.

Name:	Signature:	Date:
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