Shawano County	y Dairy Promotions, Inc	June Dairy Month	MODEL RELEASE
Club/Chapter: _	Ger	neral Leader/Chapter Advisor:	
Phone #:	Email:	U.S. Postal	
Video:	Lawn: Address	of lawn display:	

I hereby irrevocably assign to the Shawano County Dairy Promotions, Inc. (henceforth, SCDP), its successors and assigns, all my right, title and interest, including all copyrights, in any images, photographs, film or any other recording of me (heretofore or hereafter made) and all reproductions, composites and alterations of such images in any form.

I also hereby give the SCDP and subsequently the Dairy Farmers of Wisconsin (formerly WMMB) permission to license and use any images, photographs, film or other recording of me in any media for any purpose (except for pornographic or defamatory purposes), which includes, but is not limited to, advertising, promotion, marketing and packaging for any product or service.

I hereby release SCDP, its advertisers, customers, successors and assigns from all claims and causes of action arising out of the uses authorized herein. I represent and warrant that I am at least twenty-one years of age and that I have the full legal capacity to execute this release.

I agree that I have no rights to the images, photographs, film or any other recording of me. I further agree that this release is binding on my heirs and assigns and that this release is irrevocable, worldwide and perpetual and will be governed by the laws of the State of Wisconsin.

Model Name(s)	Parent/Legal Guardian if model(s) under 18 (PRINT)	Parent/Legal Guardian(Signature)	Address	Date

Signature of Group Leader(Adult taking responsibility): _____

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