

Shawano County Dairy Promotions, Inc and Dairy Farmers of WI

June Dairy Month MODEL RELEASE

Club/Chapter: _____ **General Leader/Chapter Advisor:** _____

Phone #: _____ **Email:** _____ **U.S. Postal** _____

__ Cow Display __ Lawn Display __ Store Front Address/Location of: _____

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.

Signature of Group Leader(Adult taking responsibility): _____

Complete below only if models are in the photo/image(s) being submitted to SCDP

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

PAGE 2 OF 2:	CONTINUED MODEL LIST	Parent/Legal Guardian(Signature)	Address	Date