**Shawano County Dairy Promotions, Inc and Dairy Farmers of WI**

**June Dairy Month MODEL RELEASE**

**Group/Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact/Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact/Leader U.S. Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_ Lawn Display \_\_\_\_\_\_\_ Window Display**

**Address of display (Fire #, Street, Business): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 Adult taking responsibility**:

*Participation and/or award checks will be US postal mailed to the Contact/Leader noted above, provided all requirements have been met. If mailing address is different than above, please provide name and address here:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SCDP requests that all checks be cashed within 60 days of US postal date of mailing or date of hand delivery****.*

**Complete Page 2 only if models(persons) are in the photo/image(s) being submitted to SCDP. Submit to: Mary Lou Kugel,** [**kugmlou5@gmail.com**](mailto:kugmlou5@gmail.com) **or text images to: 715-584-2246 request confirmation.**

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| **Page 2 of Model Release form** | Complete ONLY if persons in the photo(s) submitted. |  |  |  |
| Model Name(s) | Parent/Legal Guardian if model(s) under 18 (PRINT) | Parent/Legal  Guardian(Signature) | Address | Date |
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