I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_("Model"), for good and valuable consideration, the receipt of which is acknowledged, give to Operation Remount Corporation ("PRODUCER"), its legal representatives, successors, and all persons or corporations acting with its permission, unrestricted permission to copyright and/or use, and/or publish photographic portraits or pictures of the Model, and the negatives, transparencies, prints, or digital information pertaining to them, in still, single, multiple, moving or video format, or in which the Model may be included in whole or in part, or composite, or distorted in form, or reproductions thereof, in color or otherwise, made through any media in photographer's studio or elsewhere for art, or any other lawful purpose. I hereby waive any right that I may have to inspect and approve the finished product or copy that may be used in connection with an image that Operation Remount Corporation has taken of the Model, or the use to which it may be applied. I further release PRODUCER, Operation Remount Corporation or others for whom PRODUCER is acting, from any claims for remuneration associated with any form of damage, foreseen or unforeseen, associated with the proper commercial or artistic use of these images unless it can be shown that said reproduction was maliciously caused, produced and published for the sole purpose of subjecting the Model to conspicuous ridicule, scandal, reproach, scorn and indignity. I acknowledge that the videotaping/photography session was conducted in a completely proper and highly professional manner, and this release was willingly signed at its termination. I certify that I am not a minor, and if a minor, have permission from my parent or legal guardian signed below, and am free and able to give such consent.

Name of Applicant (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

ORC Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_