

Laxmi Eye Bank - Eye Donation Fortnight

PhotoGraphics Contest 2017

PLEASE INCLUDE A SIGNED MODEL RELEASE FOR EVERY RECOGNIZABLE PERSON IN THE PHOTO

Model Release

By writing/typing/signing my name below, I hereby grant Laxmi Charitable Trust Hospital, Laxmi Eye Bank (LEB) and/or photo contest sponsors the right to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Laxmi Charitable Trust Hospital and Laxmi Eye Bank and will not be returned. I hereby irrevocably authorize Laxmi Charitable Trust Hospital and/or Laxmi Eye Bank to edit, alter, copy, exhibit, publish and distribute this photo for purposes of publicizing LEB's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge LEB from all claims, demands, and causes of action which, I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

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