



GROUP MVP INTERNATIONAL, INC.

MODEL RELEASE

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I agree that any use of Group MVP's trademarks (or any variation or similar mark) at any time after the date hereof must be approved in writing by Group MVP.

Signed: _____ Date: _____
(Person being photographed)

Social Security #: _____

Name: _____
(Please Print)

Address: _____

City/Shape/Zip: _____ Telephone: _____

E-mail: _____

State of Residence: _____

LIST ALL ALIASES, MAIDEN NAMES, NICKNAMES, STAGE NAMES AND PROFESSIONAL NAMES YOU HAVE EVER USED OR BEEN KNOWN BY:

FRIEND OR RELATIVE WHO CAN ALWAYS FIND YOU:

Name: _____ How related: _____

Address: _____

City/State/Zip: _____ Telephone: _____

I, as parent or guardian of the minor who signed the above release, consent, to the signing of such release, and agree to defend and hold the beneficiaries of the release harmless against any claim that the minor may make (before or after reaching the age of majority) because of the use of the photographs in any manner permitted by such release. I fully understand that the beneficiaries of the release are and will be relying upon my agreement and signature which are intended to induce them to accept the release.

Signed: _____ Date: _____
(Parent or Guardian)

Name: _____
(Please Print)

Address: _____

City/Shape/Zip: _____

ANY ALTERATION OR ADDITION TO THIS FORM IS NOT VALID UNLESS CONFIRMED IN WRITING BY GROUP MVP INTERNATIONAL, INC.

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