



MODEL RELEASE FOR ADULTS

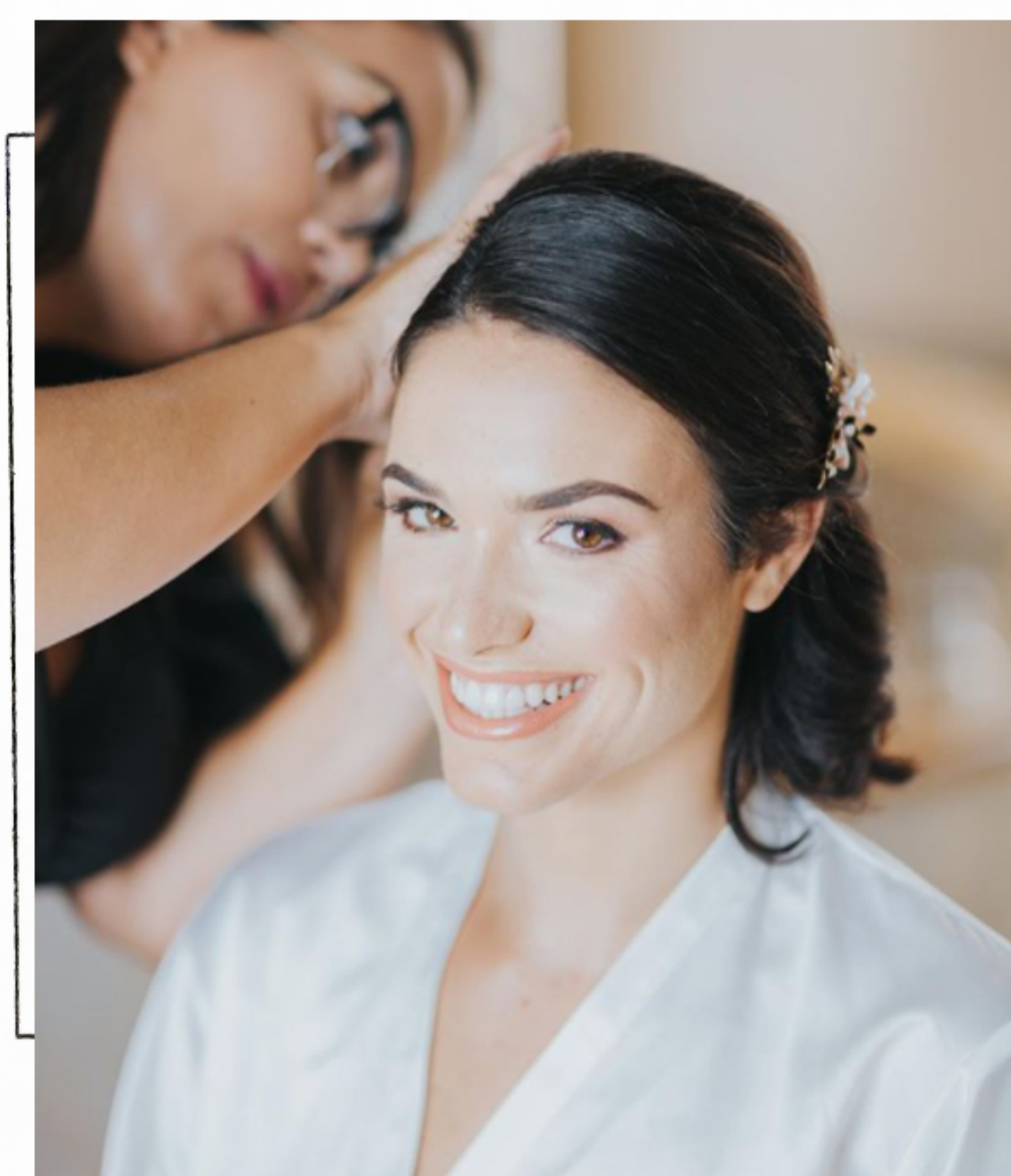
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RATE :

TRAVEL :

FITTING :

OVERTIME RATE :

RATE TO EXTEND USAGE FOR EACH ADDITIONAL YEAR :

This release must be submitted with a contact sheet or list of the image(s) to which it pertains.

I represent that I am of full age, and I have read the foregoing and fully understand the meaning and effect thereof, and intending to be legally bound I have signed this Authorization, Assignment and Release.

Model's Name : GIORGIA BELLANOVA

Address : VIA DONDEO 11

City : BRESCIA State : IT ZIP Code : 20861

Telephone : 345 040 7183

DOB : _____ Date : 20/10/2020

Model's Signature : Giorgia Bellanova

For Agents Representing and Signing for Model please complete the following :

Agency Name : _____

Print Name of Signator : _____

Agency Address : _____

City : _____ State : _____ ZIP Code : _____

Telephone : _____ Date : _____

Agency Signature : _____