



Foap - Model Release form

I, the undersigned, hereby consent to the worldwide and perpetual use of the Content (as defined below) by the Photographer (as defined below), Foap AB or any third party to whom the Photographer or Foap AB have assigned or licensed the rights to the Content subject to this Model Release Form or any licensee of such sub-licensor, for any purpose, whether commercial or non-commercial, including the right to modify, reproduce, publish, display and sub-license the Content, and create derivative works thereof, in any manner, except for (i) any use that constitutes incitement to racial hatred, child pornography, slander, insult, instigation of rebellion, unlawful description of violence; (ii) any use that may in any

other way be conceived as threatening, insulting, racist, offensive, vulgar and/or indecent or which involves infringement of a private individual's personal sphere; or (iii) any use that constitutes infringement of a third party trademark or copyright or other intellectual property right or constitutes violation of relevant personal data protection regulations.

I also consent to the collection of my personal data set out below (including the Content) by Foap AB for the purposes of administrating this Model Release and any matters arising in relation thereto, including transfer of my personal data to the Photographer and/or any third party to whom the Photographer or Foap AB have assigned or licensed the rights to the Content.

Shoot date :

Shoot place (city, zip/postal code, country):

Model details

Name and Surname:

Photographer details

Name and Surname:

Date of birth:

Date of birth:

Residence address (city, zip/postal code, country):

Residence address (city, zip/postal code, country):

Place and date signed (city, zip/postal code, country):

Place and date signed (city, zip/postal code, country):

Model signature:

Photographer signature:

ONLY if model is under 18:

Name of legal guardian (if applicable):

Signature:

If the individual participating in the Content is under the age of 18 or otherwise lacks legal capacity in the jurisdiction of residence, this consent shall be given by the legal guardian(s) of such individual.

Name of legal guardian (if applicable):

Signature:

By signing this Model Release Form, the Photographer consents to Foap AB's collection of his/her personal data set out above, for the purposes of administrating this Model Release and any matters arising in relation thereto, including transfer of the personal data to any third party to whom Foap AB has assigned or licensed the rights to the Content.