

# Model Release Fax Cover Sheet

Complete all fields – please print

<b>To:</b>	ShutterPoint	<b>Date:</b>	
<b>From (full name):</b>		<b>Pages:</b>	
<b>From (username):</b>		<b>Fax Number:</b>	(866) 896-0254
<b>Model Name:</b>		<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Age Group:</b>	<input type="checkbox"/> Under 1 <input type="checkbox"/> 1-4 <input type="checkbox"/> 4-7 <input type="checkbox"/> 7-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 19-35 <input type="checkbox"/> 35-65 <input type="checkbox"/> Over 65		
<b>Ethnicity:</b>	<input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-racial <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Other		