



MODEL RELEASE FORM

Stylist Name _____

I hereby irrevocably consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs, which you have this day taken of me for any purpose whatsoever. All negatives and positives, together with the prints/digital photos, shall constitute your property, solely and completely.

I am over 18 years of age.* Yes _____ No _____

MODEL _____

Signature of Model

DATE _____

ADDRESS _____

** If the person signing is under 18, consent should be given by parent or guardian, as follows:*

I hereby certify that I am the parent/guardian of _____,
the model named above, and give my consent without reservations to the foregoing on behalf of
him/her.

PARENT/GUARDIAN _____

Signature of Parent/Guardian