



2027 MAKEUP ARTIST OF THE YEAR RELEASE FORM

This form must be submitted with your 2027 PBA NAHA entry

A release form is required for each 2027 PBA NAHA entry. This form MUST be signed by all parties: the entrant, photographer, models and all other parties involved. Incomplete entries and release forms will be disqualified, and entry fee not refunded. No other release forms will be accepted.

We, the undersigned entrant, photographer, models and all other parties involved, hereby grant the North American Hairstyling Awards (NAHA) and the Professional Beauty Association (PBA) and those authorized by PBA, the right and license to use our names and images, and to publicly display, distribute, edit, transmit, reproduce and create derivative works using the images, in whole or in part, in any media or format, as part of the PBA NAHA competition or for any PBA NAHA or PBA purpose, including publicizing and promoting PBA NAHA or PBA.

This license is royalty-free, worldwide without restriction as to location or manner of PBA NAHA's or PBA's use. This license is granted for a period of five (5) years from the 2027 PBA NAHA Awards (the "Term"), except that PBA NAHA or PBA may store and use the images for historical and archival purposes after the Term. PBA NAHA and PBA will include a photo credit, including the entrant's name, with any photo used for publicity or promotional purposes, if feasible. We, the undersigned entrant, photographer, models and all other parties involved, understand that we retain all other rights to these images.

By entering this competition, and by signing this release, the undersigned entrant, photographer, models and other parties involved, each waives the right to make any claims against PBA, PBA NAHA, the PBA NAHA judges, any co-sponsors or group which endorses PBA NAHA or assists with the competition. We understand that the decision of the judges is final. We further agree to abide by all competition rules issued now or hereafter.

ENTRANT

Entrant Name: _____

Entrant's Signature: _____

Date: _____

PHOTOGRAPHER

Photographer's Name: _____

Photographer's Signature: _____

Date: _____

HAIRSTYLIST

Hairstylist's Name: _____

Hairstylist's Signature: _____

Date: _____

WARDROBE STYLIST

Wardrobe Stylist's Name: _____

Wardrobe Stylist's Signature: _____

Date: _____

MODELS

Models under 18 MUST have a parent or guardian's signature.

Model One's Name: _____

Signature: _____

Date: _____

Model Two's Name: _____

Signature: _____

Date: _____

Model Three's Name: _____

Signature: _____

Date: _____

As Parent or Guardian of the above named person, I consent to the above release and signature thereto and to potential usage as set out above.

Name of Model: _____

Parent or Guardian Name: _____

Signature: _____