



MODEL RELEASE FORM

LOCATION: _____ DATE : _____

ADDRESS: _____

CITY/STATE: _____ ZIP : _____ PHONE: _____

NOTES: _____

SERVICE (S): _____ PRODUCT(S) : _____

In consideration of the materials to be furnished and services to be performed, without cost to me, and without predisposition testing, in connection with the above listed treatment to be given to me, I hereby assume all risks of personal injuries and all loss of damage to property, however caused, which I may sustain directly or indirectly, as a result thereof, and I hereby unconditionally release IT&LY HAIRFASHION, and their perspective agents, employees, operators, technicians, and/or other persons performing the said services, jointly and severally, from any liability whatsoever therefore; and I hereby expressly waive any and all rights I might otherwise acquire by reason of such injuries or damage. I am over eighteen years of age and/or of legal age; I have carefully read the above and thoroughly understand its terms and meanings; and know of no reason why I am not free and competent to give within release.

Also, I hereby expressly waive any and all rights, now and in the future to any photographs and/or video's that may be taken of me, and grant to IT&LY HAIRFASHION N.A., Inc. the unlimited and exclusive rights to use of such photographs and/or video's in the promotion of any and all IT&LY HAIRFASHION N.A., Inc. products without a fee.

MODEL NAME: _____

MODEL SIGNATURE: _____

ADDRESS: _____

CITY/STATE : _____ ZIP : _____

PHONE: _____ FAX : _____

MINOR'S RELEASE

If under 18 years old, the parent or legal guardian of the model must sign below.

I, parent and/or legal guardian of _____
do hereby grant my permission to all of the foregoing.

PARENT'S SIGNATURE: _____

TECHNICIAN: _____ WITNESS: _____

ACKNOWLEDGEMENT OF LIABILITY;

I acknowledge that services are being provided in good faith, in exchange for my appearance as a model at this event. I realize that if I do not fulfill the agreed commitment, I am responsible and liable for the full value of the services rendered, and do hereby authorize, in such an event, that these fees be charged to my credit card, as assigned below.

VALUE OF SERVICE(S) PROVIDED \$ _____.

(Amount to be charged to credit card only upon failure to appear at event)

CREDIT CARD TYPE: (please circle one) Master Card Visa Discover American Express

CARD # _____ Exp: _____

SIGNATURE _____