

Hair Designs by Norma

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POCKET PERMISSION FOR PHOTOGRAPHY

ADULT / MINOR CHILD

MODEL / PHOTOGRAPHY RELEASE

For valuable consideration received, I _____,
mother / father / legal guardian / and / or on behalf of myself for and on behalf of
_____, model / a minor child herein referred to as (model) of the
minor named below hereby grant to Hair Designs by Norma ("Beautician /
Cosmetologist"), their/ her / employees / agents / heirs, legal representatives and assigns,
the irrevocable and unrestricted right to use and publish photographs of the model / minor
child, or in which I the model / minor child may be included, for editorial, trade,
advertising, promotion, print, social medial, and any and all other purpose and in any
manner and medium; and to alter and composite the same without restriction and without
my inspection or approval. I as mother / father / and / legal guardian / and / or on behalf
of myself for the below named model / minor "model" hereby release Hair Designs by

Norma ("Beautician / Cosmetologist"), their/ her / employees / agents / heirs, legal representatives and assigns from all claims and liability relating to said photographs.

Model's / Minor Child
Full Legal Name in Print

Model's / Minor Child's
Signature (if 14 or older) (Seal)

Model / Minor Child's Date of Birth

Today's Date

Model / Minor Child's Address

() -
Model / Minor Child's
Telephone Number

Apt. / Suit:

@.com

Model / Minor Child's
E-mail Address

City State Zip Code

Mother or Legal Guardian
Full Legal Name in Print

Mother or Legal Guardian
Signature (Seal)

Mother or Legal Guardian Date of Birth

Today's Date

Mother or Legal Guardian Address

() -
Mother or Legal Guardian
Telephone Number

Apt. / Suit:

@.com

Mother or Legal Guardian
E-mail Address

City State Zip Code

Father or Legal Guardian
Full Legal Name in Print

Father or Legal Guardian
Signature (Seal)

Father or Legal Guardian Date of Birth

Today's Date

Father or Legal Guardian Address

(_____)_____-_____
Father or Legal Guardian
Telephone Number

Apt. / Suit:

@_____.com

Father or Legal Guardian
E-mail Address

City State Zip Code

Witnesses Full Legal Name in Print

Witnesses Signature (Seal)

Today's Date

Relation if any to model?

Address

(_____)_____-_____
Telephone Number

Apt. / Suit:

@_____.com

E-mail Address

City State Zip Code