



Model Release Form

For valuable consideration, I hear by irrevocably consent to and authorize the use and reproduction by Studio W hair salon, or anyone authorized by Studio W, of all photographs, which you have this day taken of me, negative or positive, for any purpose whatsoever, without further compensation to me. All negatives and positives, together with the prints shall constitute Studio W's property, solely and completely and may be used for advertising in print or through social media.

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

Model Name (Please Print) _____

Signature of Model/Date _____

Address _____

Phone Number _____

Email _____

Witness Name (Please Print) _____

Signature of Witness/Date _____