

Kristina Michele Salon

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MINOR MODEL RELEASE

I, _____, give Kristina Michele Salon permission to record the image and/or voice of the minor named below, and I grant Kristina Michele Salon all rights to use these sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes that support the mission of Kristina Michele Salon. I agree that all rights to the sound, still, or moving images belong to Kristina Michele Salon.

Minor's name: _____

Parent/Guardian Signature: _____ Date: _____

Address: _____

Phone: _____

Email: _____

Notes: _____



FOR INTERNAL USE

Date: _____

Photographer _____

Hair Stylist: _____

Makeup Artist: _____

Occasion: _____

Shoot description: _____
