



MODEL RELEASE FORM

Makeup artist: (She/He/Other)

_____ (name)

Address: _____

Phone number: _____ (emergency contact) _____

Photographer: (She/He/Other)

_____ (name)

Address: _____

Phone number: _____ (emergency contact) _____

Hair stylist: (She/He/Other)

_____ (name)

Address: _____

Phone number: _____ (emergency contact) _____

Designer, fashion stylist: (She/He/Other)

_____ (name)

Address: _____

Phone number: _____ (emergency contact) _____

Model: (She/He/Other)

_____ (name)

Address: _____

Phone number: _____ (emergency contact) _____

(Date of birth) _____

Project name: _____ (Date) _____

_____ (Location)

TFP-based collaboration.

Payee collaboration.

Any other agreement between physical persons:

Any health information that may cause health inconvenience in the presence of the project and affect the project. Which project organisers should know about?

Disease: _____

Symptoms: _____

Allergies: _____

Other: _____

I agree that my data will be stored according to the 2018 Data Protection Act requirements. (Compliance with the 2018 Data Protection Law is of utmost importance for organisations handling personal data to ensure individuals' privacy and information security.)

I agree that during this project (work, photos, and created images) will be published on social media, printed, and used by the project organiser for advertising purposes.

I agree to comply with all security requirements in case of broken or damaged equipment, cosmetics, clothes, and compensation for the damage suffered.

I agree that cursing and rude behaviour are intolerable during the project.

I confirm that all my information is accurate, and I agree to the organiser's terms and conditions.

Signed: _____

Welcome to the project!