

Model application form

NO: _____

PERSONAL DETAILS

Full Name : _____

D.O.B : _____

Address : _____

Home Phone : _____ Cell: _____

Email : _____

PHYSICAL DETAILS

Height : _____ cm Bust: _____ cm Waist: _____ cm Hips: _____ cm

Skin Color : _____

Eye Color : _____

Hair Color : _____

Clothing Size : _____

Shoe Size : _____

Director Remarks: _____

Model release form

NO: _____

18+

I, _____ grant **Stacy-Ann Taylor Studio** my permission to use the photographs described as **Polaroids/Portraits** for any legal use, including but not limited to; publicity, copyrights purposes, illustration, advertising, and web content.

Signature _____ Date _____

Minor

I, _____, the parent/legal guardian of _____ (child) grant **Stacy-Ann Taylor Studio** my permission to use the photographs described as **Polaroids/Portraits** for any legal use, including but not limited to; publicity, copyrights purposes, illustration, advertising, and web content.

Parent/Guardian's Signature _____ Date _____

Child's Name : _____

Phone Number : _____

STACY-ANN TAYLOR
STUDIO