



gayle's

salon & spa

We would like to share photos of your bridal hair and make-up on our website, but need your permission to do so. Please print and fill out one form for each person in your party, and return. This release also gives you permission to post photos of our work on your website of choice as well.

Photography Model Release

The parties to this release agreement are:

Name (Hereinafter referred to as "the Model"): _____

Address: _____ City _____ State _____ Zip _____

Phone: (____) _____ - _____ Email: _____

AND

Name(s) (Hereinafter referred to as "the Photographer"): _____

Address: _____ City _____ State _____ Zip _____

Phone: (____) _____ - _____ Email: _____

AND

Gayle's Salon & Spa LLC
6359 North 72nd Avenue Hart MI 49420
231-873.2299 info@GaylesSpa.com

Whereas for valuable consideration hereby acknowledged as received, the Model grants the Photographer, Salon Owner, Stylist and Make-up Artist permission to photograph him/her and thereafter to use the photographs in whole or in part without restriction anywhere, in any medium, for any purpose and altered in any way. The Model releases the Photographer and Salon Owner from all claims of liability relating to the use of the photographs. This permission and release shall be irrevocable and binding upon the Model's successors, legal representatives and assigns and shall accrue to the benefit of the Photographer's successors, legal representatives and assigns.

Notwithstanding the above, the following specific exclusions for use listed here shall take precedence and restrict the use of the photos accordingly:

Model's Signature: _____ Date: _____

Photographer's Signature: _____ Date: _____

Salon Owner's Signature: _____ Date: _____

Stylist / Make-up Artist Signature: _____ Date: _____

Minor: By my signature below, I hereby authorize: Gayle's Salon & Spa L.L.C. to photograph my child or dependent and permission to use the photographs in any way. As the Parent and Guardian I have read the above statement and give my permission.

Signature of Parent or Guardian _____ Date _____