

Model Application Form

NO : _____

PERSONAL DETAILS

Full Name : _____

Birth date : _____

Birth place : _____

Address : _____

State : _____ Postcode: _____

Mobile Phone : _____

Home Phone : _____

Email : _____

PHYSICAL DETAILS

Height:

Weight:

Bust:

Waist:

Hips:

Skin Color:

Fair

Medium

Olive

Dark

Eye Color:

Brown

Blue

Green

Hazel

Hair Color:

Brunette

Blonde

Red

Black

Clothing Size:

Shoe Size:

MODELLING EXPERIENCE:

List your modeling experience (Magazines, Films, Videos, Exhibitions, Events, etc)

TYPES OF MODELING:

Indicate the following types of modeling assignments you would be willing to accept by checking the appropriate box.

FASHION/ CASUAL WEAR	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SPORT/FITNESS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SWIMWEAR	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LINGERIE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PROMOTIONAL WORK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SEMINUDES	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MAGAZINE WORK	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RUNWAY	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PARTS MODELING	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OTHERS _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TERMS & CONDITIONS OF EMPLOYMENT AND PRIVACY

The information requested on this application for employment is necessary to ensure a fair and thorough evaluation of all applicants with _____. Personal information contained within this form is available only to the HR managers of the company with direct involvement in the recruitment process.

I understand that initially I will go through a _____ period of probation to see if I am suitable for employment with _____. If I am found to be unsuitable I understand this contract can be terminated with notice. I hereby affirm that all information given by me in this application for employment is true and correct and that I have not knowingly withheld any circumstances or facts that would, if disclosed, affect my application.

The information provided in this application and my employment and personal history may be subject to investigation by _____ and I hereby authorise such an investigation to be made. I understand that my ongoing employment with _____ shall be subject to the company's code of conduct and governed by applicable _____ Law.

Applicant's Signature:

Date: December 23, 2021

MODEL/PHOTO RELEASE

I, _____ (**Model or Parent/Guardian if under 18**), do hereby give _____ the irrevocable right to use the photograph(s) of myself, _____) (**Model**) for self-promotion, sale, advertisement, competition, representation, or display in print and/or electronic media. I understand that by giving permission to _____, I do hereby relinquish all rights to the photograph(s). Copyright and ownership belongs to _____ to publish or utilize the photograph(s) as they see fit.

Name:

Signature:
(Model)

Date: December 23, 2021

Name:

Signature:
(Parent/Guardian - if model is under 18yrs of age)

Date: December 23, 2021

Model Release Form

I, _____ (model's name), hereby grant

_____ (photographer's name),
his/her legal representatives and assigns (including but not limited to any agency, client,
or publication), irrevocable permission to publish photographs of me taken at:

_____ (Location, date).

These images may be published in any manner, including (but not limited to) calendars,
advertisements, periodicals, and greeting cards. Furthermore, I will hold harmless the
aforementioned photographer and his/her legal representatives and assigns, from any
liability by virtue of minor cropping that may be required, and colour and exposure shifts
that may occur in reproducing this photograph.

I affirm that I am 18 years of age or older, and competent to sign this release on my own
behalf. I have read this release and fully understand its implications.

Model's Name _____

Address _____

City _____ Province _____ Postal Code _____

Country _____

Model's Signature _____ Date _____

Witness' Name _____

Witness Signature _____ Date _____

Release by Parent/Guardian of Minor Child

I am the parent or legal guardian of the minor above named, and has legal authority to
execute this release on his/her behalf. I have read and fully understood the contents of
this release, and consent to the use of said photograph based on the contents of this
release.

Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature _____ Date _____

Witness' Name _____

Witness Signature _____ Date _____