



Maritime Beauty

Shaping Success Together...

2019 Carnival of Beauty Competition Model Release Form

I, the undersigned, for and in consideration of the hair and skin care services to be rendered to me by Maritime Beauty Supply and other good and valuable consideration, receipt of which is hereby acknowledged, do hereby release the said Maritime Beauty Supply, it's successors, assigns, directors, employees and agents from all claims or causes of action arising out of or in any way connected with such services.

I have read the above and fully understand the contents thereof.

**This release is signed by me voluntarily and as my own free act.
I am of legal age (19 years of age).**

This form must be fully completed (please PRINT).

| | | | |
|------------------------------------|--|------------------------------------|-------------|
| Name | | Legal Signature | |
| Street Address | | | |
| City | | Province | Postal Code |
| Area Code /Telephone number (home) | | Area Code /Telephone number (work) | |

**As Parent or Guardian of the above model (if under legal age)
I hereby consent to release as signed above.**

| | |
|------|-----------------|
| Name | Legal Signature |
|------|-----------------|

Service performed by:

Name (print): _____

Signature: _____

Date: _____