



Dear Client,

Welcome, and thank you for your interest in the Terramé Day Spa and Salon Client Model Program!

We are very excited to launch the new Client Model Program, in hopes that we will increase our community's involvement in the latest beauty industry trends. Previewing the latest styles and products, our stylists and apprentices will provide the hottest trends at a no cost option!

To apply, please fill out the attached consent forms where they can be conveniently dropped off at Terramé Day Spa and Salon in person. At that time we will schedule a complimentary consultation for you and your stylist.

We are located at:

2115 Cecil Ashburn Drive, Huntsville, AL, 35802.

Thank you again for your interest, and Happy Modeling!

## Terramé Client Model Registration Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### I have Read, Understood and Agree to the Following Policies:

#### Confirmation Policy:

- To confirm, clients must respond to our confirmation call, which you will receive **48 hours** prior to your appointment.
- Failure to respond to a confirmation will result in an appointment cancellation.

#### Day of Appointment Policy:

- Clients should arrive **15 minutes prior** to their scheduled appointment for seating.
- We will be unable to guarantee appointments for clients who are tardy, unconfirmed, or are unwilling to meet the haircut/styling requirements.
- Haircut and styling appointments can last up to approximately three hours. Please plan accordingly.

#### General Policies:

- Any cancellations must be made **48 hours** in advance.
- All services will be performed by a qualified and licensed stylist or an apprentice.
- Client participation will be revoked from the program in the event of: failure to appear for scheduled appointment or failure to adhere to our policies.
- **I agree that I am modeling for specific haircuts/styles and cannot alter the design; however I understand that the stylist will ensure the style compliments me.**
- I agree that Terramé Day Spa and Salon may use my image for any advertisement or in-store promotion.
- We will accept all clients ages 15 and up. For clients under the age of 20, a guardian must be present during time of service, or a separate consent form must be signed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Model Release Form**

I hereby grant Terramé Day Spa and Salon permission to perform hair services on \_\_\_\_\_, a minor to which I am the legal guardian.

I understand that all hair services are performed by a qualified and licensed Stylist or Apprentice, and Terramé assumes no liability of any kind.

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

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(Parent/Guardian Signature)

(Date)

(Parent/Guardian Printed Name)

(Date)

## Terramé Model Release Photography Form

I hereby grant Terramé Day Spa and Salon permission to use my likeness in a photograph, in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of Terramé Day Spa and Salon and will not be returned.

I hereby irrevocably authorize Terramé Day Spa and Salon to edit, alter, copy, exhibit, publish, or distribute these photos for purposes of publicizing Terramé Day Spa and Salon programs or for any other lawful purpose. In addition, I wave the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I wave any right to royalties or other compensation arising or related to use of the photographs.

I hereby hold harmless and release and forever discharge Terramé Day Spa and Salon from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf.

I am 21 years of age and am competent to contract in my own name. I have read this release and I fully understand its contents meaning, and impact of this release.

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(Signature)

(Date)

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(Printed Name)

(Date)

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

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(Parent/Guardian Signature)

(Date)

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(Parent/Guardian Printed Name)

(Date)