The Inaugural

Intercoiffure-Keune

excellence

in Hair Awards

Photo Contest

Entry Form

(All fields are required)

Entrant's Name: _____

A-Member / Class A Partner Name: _____

Salon/Barbershop Name: _____

Salon/Barbershop Address: _____

_____

State/Province : _____

Zip/Postal Code: _____ Country: _____

Phone: _____

Email: _____

Category: ☐ Classic Cut & Color ☐ Avant Garde Styling ☐ Men's Hairstyling

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Model Release

I hereby authorize Intercoiffure America/Canada, hereafter referred to as "ICA," to publish photographs taken of me, and my name and likeness, for use in the ICA's print, online (including social media outlets), and video-based marketing materials, as well as other ICA publications.

I hereby release and hold harmless ICA from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other ICA publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release ICA, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Models under the age of 18 must have a parent/guardian's signature in addition to their own.

Model's Name: _____

Model's Signature: _____

Date: _____

If under 18:

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

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Photographer Release Form

I hereby authorize Intercoiffure America/Canada, hereafter referred to as "ICA," to publish photographs taken by me or my staff, and my name, for use in the ICA's print, online (including social media outlets), and video-based marketing materials, as well as other ICA publications.

I hereby release and hold harmless ICA from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other ICA publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release ICA, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

All images shall constitute ICA property, solely and completely.

Name: _____

Signature: _____

Date: _____

Business Name: _____

Business Phone: _____

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ICA A-Member / Class A Partner Release Form

I hereby authorize Intercoiffure America/Canada, hereafter referred to as "ICA," to publish photographs taken for me or my staff, and my name/staff's name, salon/barbershop name for use in the ICA's print, online (including social media outlets), and video-based marketing materials, as well as other ICA publications.

I hereby release and hold harmless ICA from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other ICA publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release ICA, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

All images shall constitute ICA property, solely and completely.

Name: _____

Signature: _____

Date: _____

Business Name: _____

Business Phone: _____