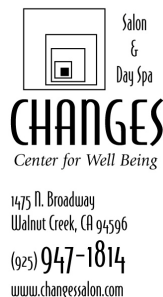


Please email to michelle@changessalon.com or fax (925) 947-1235

MODEL RELEASE



DATE	MODELS NAME
EVENT Bridal Portfolio Pictures	LOCATION 1475 n. Broadway Walnut Creek, CA 94596 www.changessalon.com

I hereby acknowledge that I have voluntarily participated in the event conducted by Changes Salon and Day Spa, Inc. and/or its affiliates, representatives, agents and assigns.

I hereby give my full, unqualified permission for the Released to have the absolute right to copyright and publish or use any such photographs, video tapes, pictures and images for advertising, trade or any other lawful purpose whatsoever, and acknowledge that Changes Salon and Day Spa, Inc shall be the sole and absolute owner of all negatives and prints thereof in any medium of me taken or recorded during the event in which I am participating as a model. I hereby release the Released Parties from any and all claims for damages for libel, slander, invasion of privacy, or any other claim based upon the use of the above-described material.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND FULLY UNDERSTAND ITS CONTENTS, I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE RELEASED PARTIES, AND I HAVE SIGNED THIS RELEASE OF MY OWN FREE WILL.

IF UNDER 18 YEARS OF AGE, COMPLETE PARENT/GUARDIAN STATEMENT BELOW

Please print the following

MODELS NAME	
STREET ADDRESS	
CITY	STATE
HOME PHONE	WORK PHONE
MODELS SIGNATURE	

As parent or Guardian of the above model, I have read and hereby consent to this release signed by him/her.

PARENT OR GAURDIAN CONSENT TO RELEASE AS SIGNED ABOVE

NAME	SIGNARURE
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RESPONSIBLE CONSULTANT

NAME	SIGNARURE
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