

Fashion Shoot Hair Stylist Release Form

Shoot Details

Project Name

Date of Shoot

Location

Hair Stylist Information

Name

Email

Phone Number

Release Agreement

I, the undersigned Hair Stylist, grant permission to the Photographer and/or their assigns to use my hair styling work performed for this shoot in connection with the above-mentioned project, for use in portfolios, websites, publications, marketing, and other media formats.

I acknowledge that I will not receive further compensation for such use, and confirm that this release is given without reservation.

Stylist Signature

Date

Notes

