



Model Form

Children 18 and under invited to model. Newborns with Mommies and Daddies are welcome

MODEL FEE(S) AT \$50 INCLUDES CHILD TICKET (YOUR CHILD'S FASHION SHOW OUTFIT IS NOT INCLUDED IN THE \$50 MODEL FEE. OUTFIT CAN BE PURCHASED AT SELECT DADELAND MALL RETAILERS WITH A HUGS & KISSES DISCOUNT)

Model Name _____ Age _____ Store _____

Model Name _____ Age _____ Store _____

Model Name _____ Age _____ Store _____

Model Name _____ Age _____ Store _____

Model Name _____ Age _____ Store _____

Parent or Legal Guardian _____

Address _____

City _____ St _____ Zip _____

Phone _____ Email _____ Fax _____

CC # _____ Exp _____ or Check # _____

Card Holder's Signature _____

EVENT SPECIFIC CONSENT FOR PHOTOGRAPHY, VIDEO AND INTERVIEWS REGARDING MARKETING AND PUBLIC RELATIONS PROJECTS FOR MIAMI CHILDREN'S HOSPITAL FOUNDATION:

I hereby give my consent for my child and/or me to appear in photographs, videos, publications and/or interviews for _____ in conjunction with Miami Children's Hospital Foundation and Miami Children's Hospital.

I do _____, do not _____ authorize the disclosure of my or my child's identity for such photographs and/or interviews.

I understand and agree that I shall not receive any compensation or other remuneration for any of the above.

Model Name (s) _____

Parent or legal guardian name (Print) _____

Signature of Parent or legal guardian _____ Date _____

Signature of Witness _____ Date _____

Name of Witness _____

Please contact Morgana Rolle for additional information at:

T. 786-624-2038 | E. mrolle@mchf.org | F. 305-666-3078

Please mail form to: Miami Children's Hospital Foundation
3000 SW 62nd Avenue, Miami, FL 33155

DADELAND MALL