



## 2025 TEAM OF THE YEAR RELEASE FORM

This form must be submitted with your 2025 NAHA entry

A release form is required for each 2025 NAHA entry. This form MUST be signed by all parties: the entrant, photographer, models and all other parties involved. Incomplete entries and release forms will be disqualified, and entry fee not refunded. No other release forms will be accepted.

We, the undersigned entrant, photographer, models and all other parties involved, hereby grant the North American Hairstyling Awards (NAHA) and the Professional Beauty Association (PBA) and those authorized by PBA, the right and license to use our names and images, and to publicly display, distribute, edit, transmit, reproduce and create derivative works using the images, in whole or in part, in any media or format, as part of the NAHA competition or for any NAHA or PBA purpose, including publicizing and promoting NAHA or PBA.

This license is royalty-free, worldwide without restriction as to location or manner of NAHA's or PBA's use. This license is granted for a period of five (5) years from the 2025 NAHA Awards (the "Term"), except that NAHA or PBA may store and use the images for historical and archival purposes after the Term. NAHA and PBA will include a photo credit, including the entrant's name, with any photo used for publicity or promotional purposes, if feasible. We, the undersigned entrant, photographer, models and all other parties involved, understand that we retain all other rights to these images.

By entering this competition, and by signing this release, the undersigned entrant, photographer, models and other parties involved, each waives the right to make any claims against PBA, NAHA, the NAHA judges, any co-sponsors or group which endorses NAHA or assists with the competition. We understand that the decision of the judges is final. We further agree to abide by all competition rules issued now or hereafter.

### ENTRANT

Team Name: \_\_\_\_\_ Date: \_\_\_\_\_

Entry Contact Name: \_\_\_\_\_ Entry Contact Signature: \_\_\_\_\_

### PHOTOGRAPHER

Photographer's Name: \_\_\_\_\_

Photographer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MAKE-UP ARTIST

Make-up Artist's Name: \_\_\_\_\_

Make-up Artist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MODELS

**Models under 18 MUST have a parent or guardian's signature.**

Model One's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Model Two's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Model Three's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Model Four's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Model Five's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As Parent or Guardian of the above named person, I consent to the above release and signature thereto and to potential usage as set out above.

Name of Model: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_