

Model Release Form

Name: _____

Date: _____

Do you use the following?

Retin-A Yes No

Renova Yes No

AHA Yes No

Allergies Yes No

Acne Medication Yes No

If YES was answered to any of the above, please elaborate.

Please indicate any of the following that may pertain to you.

Arthritis _____

Diabetes _____

Joint Replacement(s) _____

Low/High Blood Pressure _____

Fibromyalgia _____

Numbness _____

Sprains/Strains _____

Model Signature: _____

Competitor Signature: _____