

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: _____