

Image Release Form

JOHN PAUL MITCHELL® SYSTEMS & PAUL MITCHELL® SCHOOLS

DATE: _____

PROJECT NAME: _____

LOCATION: _____

I consent and give permission to JOHN PAUL MITCHELL SYSTEMS or PAUL MITCHELL ADVANCED EDUCATION (hereafter referred to as "JPMS" or "PMAE") and individuals or entities acting under its authority to create, exhibit, transmit, reproduce, distribute, and otherwise use my name and photograph and/or video of me in perpetuity in either print, television, mobile devices, the World Wide Web, or any other medium JPMS or PMAE sees fit.

I agree and understand that by virtue of this consent that JPMS and/or PMAE shall have the right, in good faith, to edit this photograph and/or video of me and to make it and/or any portion thereof available to others in any form and by any means whatsoever (including, without limitation, print, videotape, magnetic tape, DVD, CD-ROM, FTP access, cable television, satellite, or over the Internet). I waive the opportunity and right to inspect or approve the photograph and/or video of me or any use to which it may be put. I further agree and understand that JPMS and/or PMAE shall have the right to use my name and the photograph and/or video of me for the purposes of promotion, but not as a direct endorsement of any commercial product or service.

I acknowledge and agree that JPMS and/or PMAE has ordered or commissioned my photograph and/or video, which shall be regarded as a "work made for hire" in all forms [electronic, print, and negatives] and shall remain the exclusive property of JPMS and/or PMAE regardless of my own relationship to JPMS and/or PMAE. I give up my right to compensation in the connection with this photograph and/or video of me or any derivative works. If this photograph and/or video of me is held not to be a "work made for hire", I agree to assign all rights in and to this photograph and/or video of me to JPMS and/or PMAE, including the worldwide copyright in and to the photograph and/or video of me.

I release JPMS and/or PMAE, its officers, members, trustees, directors, agents, and employees, and those acting under its authority, from all debts, claims and liabilities of any kind arising out of or in connection with the use of the photograph and/or video or my communication effort. I understand that this consent cannot be revoked for any reason, and agree that it shall be binding upon my heirs, successors, assigns and future legal representatives.

If I am less than 18 years of age, my parent or legal guardian must sign this Release.

NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE/VP: _____

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN: (Print Name) _____

(Signature) _____