

Model Permission Form

Exhibitor Informat	tion:			
Company Name:				Booth #:
On-Site Contact Pe	erson:			
Address:				
City/State/Zip:	_			
Phone:		E-mail:		
Model Information	n (A separate form must b	e completed for each child	d model)	
Model's Name:			Age:	(Must be 16 or older)
floor and will not be	abild.		hild models must have a b	adge to obtain access to the show floor.
Agent/Parent's Nan	me:		Signature:	
Company Name:				
Phone:		Fax:		
Model's Schedule	: (Please provide the day	, date, and time the model	(s) will appear in the booth)
	Day:	_ Date:	Time:	_
	Day:	Date:	Time:	_
LIABILITY: The Exh Exhibitor shall make employees, or again the model, and the responsible for its of costs, damages and exhibit. The Exhibit	te no claim of any kind ag- inst any of the Association Exhibitors or its employe own models, agents, and id expenses arising out of tor hereby agrees to inder	sible for his/her model(s). I ainst the Association, oper a's agents or employees for es while in the Exhibit Hall employees and to all third or relating to the custody,	rator of premises Colorado or any loss, damage, theft, . Agents or employees in repersons, including invitees possession, operation, mane Association and its agen	chibit booth boundaries. It is agreed that the Convention Center, Denver, CO its agents or or destruction; nor for any injury that may occuplation to the exhibit or Exhibitor shall be soled and the public for all claims, liabilities, actions intenance or control within the leased space outs and employees and the operator of the
SNA Authorized Sig	gnature Date		Exhibite	or Authorized Signature Dat