

Model Permission Form

Exhibitor Information	on:			
Company Name:			Booth #:	
On-Site Contact Pers	son:			
Address:				
City/State/Zip: _				
Phone:		E-mail <u>:</u>		
Model Information ((A separate form must b	pe completed for each child	model)	
Model's Name:			Age:(Must be 16 or older)	
	allowed to return for the	duration of the show. All c	aming the show floor without adult supervision, they hild models must have a badge to obtain access to	
Agent/Parents Name	e:		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 Exhil Exhibitor shall make its agents or employed may occur to the more be solely responsible actions, costs, dama space or exhibit. The	no claim of any kind ag ees, or against any of the del, and the Exhibitors of e for its own models, ag- ges and expenses arising Exhibitor hereby agree	sible for his/her model(s). ainst the Association, open ne Association's agents or or its employees while in the ents and employees and tong out of or relating to the	Models must stay within exhibit booth boundaries. It ator of premises America's Center Convention Coremployees for any loss, damage, theft or destruction to Exhibit Hall. Agents or employees in relation to the all third persons, including invitees and the public flustody, possession, operation, maintenance or coremless the Association and its agents and employed or them.	nplex, St. Louis, Missourn; nor for any injury that e exhibit or Exhibitor shafor all claims, liabilities, attrol within the leased
SNA Authorized Sign	nature Date	<u> </u>	Exhibitor Authorized Signature	Date