



After 5 Lux Model Application

First Name: _____ Last Name: _____

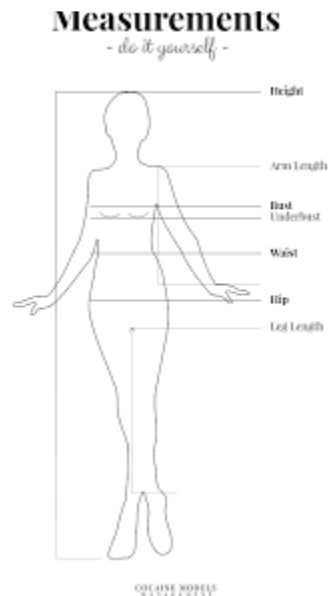
Address:

Phone Number: () - _____ - _____

Instagram (required): _____

Age: _____ Date of Birth: _____ Gender: _____

Measurements:



Height: _____

Arm Length: _____

Bust: _____

Waist: _____

Hip: _____

In Seam: _____

****PLEASE INCLUDE AT LEAST THREE PICTURES OF YOURSELF ALONG WITH THE APPLICATION ****

EMAIL APPLICATION AND PHOTOS TO After5lux@gmail.com with the subject "Model Application"

Shirt Size (s/m/l): _____ Pants Size (s/m/l): _____ Shoe Size: _____

Hair Color: _____ Eye color: _____ Ethnicity: _____

Availability (check all that apply):

Day	Typical Shooting Hours	Your Availability
Sunday	7am-6pm	
Monday	3pm-6pm	
Tuesday	3pm-6pm	
Wednesday	3pm-6pm	
Thursday	3pm-6pm	
Friday	N/A	
Saturday	7am-6pm	

By signing below you admit that all information provided is true

Name: _____

Signature: _____ **Date:** _____



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IMAGE RELEASE FORM

I hereby authorize AFTER 5 LUX, LLC hereafter referred to as “Company/Company’s,” to take and publish photographs, as well as video, taken during the event of myself, my name and likeness, for the use in the Company’s print, online and video-based marketing materials, as well as other Company publications. I hereby release and hold harmless Company from any reasonable expectation of privacy or confidentiality for myself with the images specified above. Further, I attest that I am at least 18 years of age and that I have full authority to consent and authorize Company to use my likeness and name. I further acknowledge that participation is voluntary and that I will be compensated in some form with the taking or publication of these photographs or participation in Company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release Company, its owner, its producers, its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation. I ascertain that I have read and understand the above.

Authorization:

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____ City: _____ State: _____

Zip: _____

By signing below you admit that all information provided is true

Name: _____

Signature: _____ **Date:** _____