

Fashion Show for All Abilities Model Application Form

(please print clearly) *The Call for Models is open February 22-March 4, 2011*

Model Name: _____

1. Contact Information:

Support Provider/Family Member: _____

Agency: _____

Phone Number: _____ Email Address: _____

Model Home Address: _____

Phone number: _____ Email Address: _____

2. Please indicate Main Contact Person: ☐ Model ☐ Support Provider/Family Member
(Must Provide Email Address)

3. Model Information:

☐ Male ☐ Female Age: _____ Size: Top: _____ Bottom: _____ Height: _____

4. Accommodations:

☐ Wheelchair ☐ Walker/Walking Sticks ☐ Blind ☐ None ☐ Other _____

5. Have you participated in a prior Fashion Show for All Abilities? ☐ Yes ☐ No

6. Style Preference (retailer match not guaranteed)

☐ Casual ☐ Dressy ☐ Formal ☐ Sporty ☐ Mature ☐ Young

7. MANDATORY REHEARSAL

If you are selected to participate in the Fashion Show, you will need to attend one rehearsal. The rehearsal will take place at the Waisman Center Outreach office: 122 E. OLIN AVENUE. Please indicate the date/time you will attend. (Mark "1" for first preference, "2" for second preference):

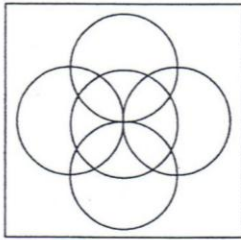
Saturday, April 30
____ 10:00 - 11:30 AM
____ 12:00 - 1:30 PM

Saturday, May 14
____ 10:00 - 11:30 AM
____ 12:00 - 1:30 PM

8. ☐ Completed (Signed and Dated) Release Form

*Disclaimer: Completion of this form is an application only; it **does not** guarantee entry into the Fashion Show for All Abilities. All participants will be notified of model selection **by email** by Thursday, March 17. Models will be randomly selected from completed applications.*

Return form by Friday, March 4 to: Rachel Weingarten, 122 E. Olin Ave., Ste. 100, Madison WI 53713
FAX: (608) 263-4681 Email: weingarten@waisman.wisc.edu Questions: Phone: (608) 890-0777



WAISMAN CENTER

University of Wisconsin-Madison
1500 Highland Avenue
Madison, WI 53705-2280
(608) 263-5837

AUDIOVISUAL RELEASE AGREEMENT

I hereby authorize and give full consent to the Waisman Center, University of Wisconsin-Madison, to publish or otherwise use photographs, videotapes, and/or audiotapes in which I, _____ appear.

print your full name or name of person you are guardian for

It is further agreed that the Waisman Center, University of Wisconsin-Madison, may use or cause to be used these materials for any and all educational publications and promotional purposes without limitation, reservation, or any compensation. This authorization extends to printed newsletters, brochures, posters, video, and material posted on the Waisman Center Web Site.

_____ Check here if you agree to identification of person in photo by name

_____ Check here if you do not want person in photo to be identified by name

Date _____

Print Name _____

Signature _____

Street Address _____

City/State _____

Zip _____

• Witness (if present) _____