

***Model***  
***INFORMED CONSENT AND WAIVER AGREEMENT***

I understand that various cosmetology and/or nail products (“products”) will be used during the practical portion of the examination for licensure.

I agree that in the event of an illness and/or injury during or after the examination that I shall hold Professional Credential Services (“PCS”), its agents, examiners, candidates or the State Board of Cosmetology and/or Barbering contracting with PCS to administer these examinations harmless from any and all claims, injury, loss, damage, suits, actions, liabilities and costs of any kind for any and all claims by any party arising directly or indirectly from any acts or omissions in connection with this examination. I acknowledge that neither I nor any other party claiming through me shall have the right of action of any kind against the aforementioned organization or individuals with regard to any use or misuse of said products during this exam and I release, with informed consent, PCS, its agents, examiners, candidates and the State from any liability with respect to the same. I also agree that I have read the full text of this *Informed Consent and Waiver Agreement*.

- I certify that I meet the minimum age requirements for models in this state.
- I will neither discuss nor divulge the contents of the exam or the procedures involved during the examination with anyone.
- I will not assist the candidate in any way or speak to the candidate during the examination.
- I am neither a student, currently or previously licensed cosmetologist, barber, manicurist, esthetician, or electrologist; nor do I have any knowledge of or affiliation with any of these professions regulated by the State Board.
- The candidate has fully explained the procedures to take place during the practical examination.
- I have reviewed the Candidate Information Bulletin (CIB) concerning the procedures to take place.
- I agree to permit the candidate to perform the procedures outlined in the CIB.
- I will have a current, government – issued photo identification (e.g. driver’s license, passport) with me when I appear at the testing facility with the candidate.
- I certify that my face, hands, and hair are clean and without any type of cosmetic product.
- I certify that my face, hands, and hair are free of communicable disease.
- I agree to dress and conduct myself in a professional manner while a model at the testing facility.

Model Consent & Wavier  
Cont'd

State: \_\_\_\_\_ Exam Site: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Model*

\_\_\_\_\_  
*I.D. Type (i.e driver's license)*

\_\_\_\_\_  
*Issuing Authority*

\_\_\_\_\_  
*Issue Date*

\_\_\_\_\_  
*Expirition Date*

\_\_\_\_\_  
**Print Name Here**

\_\_\_\_\_  
*Signature of Parent or Guardian (if model is a minor)*

\_\_\_\_\_  
**Print Name Here**

Name of Candidate taking Examination:

\_\_\_\_\_  
**Print Name Here**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
**Print Name Here**