

In collaboration with



## **REGISTRATION FORM**

Please complete this form carefully and send it before the deadline of April 8 2025.

I. Personal Information of the Applicant				
•	Full Name:			
•	Date of Birth:			
•	National ID Number:	_		
•	Full Address:			
•	Phone Number:			
•	Email Address:			
	Please attach a copy of your ID.			

## 2. Selected Category

Please check the category in which you wish to compete:  □ Half body painting front side from head to knees (brushes, sponges, airbrush)  □ Full Body Painting (brushes, sponges, airbrush)  □ Body Painting with Special Effects (SFX)				
3. Portfolio  • Portfolio or photo or Website Link:				
4. Model Information				
Full Name:				
Date of Birth:				
National ID Number:				
Full Address:				
Phone Number:				
Email Address:  Please attach a copy of your ID.				
Model Consent (mandatory signature preceded by the mention "read and approved" to authorize the use and publication of photos and videos featuring their body painting across all media platforms; the list is non-exhaustive):  Model's Signature:				
5. Assistant Information (only applicable if the artist has chosen one of the body painting categories)				
Will the artist be accompanied by an assistant?  ☐ Yes ☐ No				
If yes, the assistant may not create any part of the makeup. They are only allowed to assist for a maximum duration of 2 hours.				
Full Name:				
Date of Birth:				
National ID Number:				
Full Address:				

Phone Number:			
•	Email Address:		
	Assistant's Signature:		
6. Mat	erials and Logistics Requirements		
•	The artist confirms they will bring their own equipment and brushes.		
•	The following materials will be available on-site:  Table Chair Electrical Outlet		
7. Rul	es and Authorizations		
By par	ticipating in this event, I acknowledge and accept:		
1.	To comply with the championship rules (see appendix).		
2.	That my works and my image (as well as that of my model) may be used for promotional purposes, on all printed, digital media This list is non-exhaustive.		
3.	To respect schedules and safety instructions.		
4.	That any inappropriate behavior will result in immediate disqualification.		
□Ісоі	nfirm that I have read and accepted the above conditions.		
Artist	s Signature:		
8. Reg	istration Fee		
•	For this 1st edition, registration is free.		
9. Hea	alth and Safety Declaration		
Artist I certif	<b>Declaration:</b> y that:		
•	I have no allergies to the products used.		
•	My model has been informed and accepts the health conditions of the event.		
	tify the accuracy of this information.  S Signature:		

Signatures preceded by full name and the mention "read and approved"  Artist Model Assistant						
Done at:	On:					
bodypaintingcontest@annickcayot.com						
For any questions or additional information, to send the registration form, use thel email address below :						
10. Registration						
□ I certify the accuracy of this information.  Assistant's Signature:						
□ Leartify the accuracy of this information						
□ I certify the accuracy of this information.  Model's Signature:						
□ Loortify the coouragy of this information						