

CHECK AUTHORIZATION FORM FOR TALENT UNDER AGE 18

To Whom It May Concern:

I, _____, hereby authorize and empower Paloma Model & Talent, Inc. and owners Paloma Jackson and/or Alysa Brennan to collect and receive all sums and cash any and all checks, paper or electronic, which may become payable to me from you for my child, _____ (legal name), also known as _____ (stage name, if any), by Paloma Model & Talent, Inc.

I hereby authorize you to deliver any such checks and/or sums of money to:

Paloma Model & Talent, Inc.
1600 Rosecrans Avenue
Media Center, 4th Floor
Manhattan Beach, CA 90266

I hereby agree to indemnify and save Paloma Model & Talent, Inc. and its employees and representatives free and harmless of and from any and all loss, cost, or expense which may be incurred or suffered by reason of any action taken by Paloma Model & Talent, Inc. in reliance upon this authorization. This authorization supersedes any prior dated payment authorization you may have on file and shall be in effect until written notice of the revocation thereof.

Signed:

Talent's Parent/Guardian Signature

Talent's Parent/Guardian Printed Name

Date