

MAKEUP RELEASE FORM

Lure Beauty

1. LIABILITY [Please check mark]:

- I agree to have makeup applied to my face and/or body. By signing this agreement, I consent to the application and services by my Makeup Artist.
- I agree and understand that it is my full responsibility to notify my Makeup Artist of any allergies or sensitivity that I have and are aware of towards any cosmetic and/or chemical products prior to the makeup service/application.
- I agree and understand that should a reaction occur, requiring medical attention or not, I release my Makeup Artist from being held legally liable or responsible for all costs, injury and/or ailment of any kind that could arise. I agree and understand that I surrender my right to sue or bring a claim against my Makeup Artist for any reason.
- This agreement is binding and will remain in effect for this Makeup application and all future Makeup applications provided by my Makeup Artist.

2. MISCELLANEOUS:

a) **Photography:** I, _____, give my full consent to be photographed and/or recorded before, during, and/or after any Makeup services provided by Saphron Collins of Lure Beauty with the understanding that my photo could be used in the future for marketing, advertising, and promotional purposes on a website, social media, and/or in my Makeup Artist's portfolio for future Clients to view. I understand that my name and personal information will not be disclosed with the use of my photo.

Please check [YES] or [NO] as it applies to you:

YES NO

- ____ **Allergies to Adhesives (glues, tapes, etc.)** – Tapes and glues may cause allergic reaction.
- ____ **Allergies to Ingredients/Chemicals/Products (latex, talc, silica, glitter, etc.)** – Some products may contain these ingredients and cause allergic reaction.
- ____ **Chemotherapy Treatments Within the Last 6 Months** – The medication for chemotherapy may cause a reaction to materials and/or products used during makeup services.



— — **Lasik Surgery or Blepharoplasty Within the Last 6 Months** – Eyes may have sensitivity to false eyelashes and the products used to prep the eye area/provide eye services (eyeshadow, false lashes, eyeliner, etc.).

— — **Contact Lenses** – Products used on and/or around the eyes may get in the eyes and/or underneath contact lenses and can cause abrasion or scratching. Contact lenses must be removed prior to makeup application.

— — **Over 18 Years of Age** – I confirm that I am 18 years of age or older. If under 18 years of age, a Parent or Legal Guardian must also sign this form below.

Skin Type [Please circle]: Normal Dry Oily Sensitive Combination

Emergency Contact: _____
Name _____ Number _____

Client First and Last Name _____

Client Signature _____

Date (MM/DD/YYYY) _____

Parent/Legal Guardian's Printed Name & Signature (if under 18 years of age) _____