



MAKEUP RELEASE FORM

Glō Face+Body Bar

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 Glō Face+Body Bar 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.

