



BRONSUN CERTIFICATION COURSE

Student Information

Name: _____ **DOB:** ____/____/____

Address: _____

Email: _____ **Phone #:** ____-____-____

Please Initial next to each statement in agreement:

- _____ I have paid the amount of \$695 for this course. I understand this amount is not refundable under any circumstance, including, but not limited to emergency, sickness and travel issues.
- _____ I will not record any portion of this course at any time. Photos are permitted.
- _____ Kits are included in the cost of this course
- _____ Completion of this course does not guarantee employment
- _____ Beauty Works LLC may use my image and likeness in photos and/or video for posting on social media or advertisements
- _____ I will not defame, slander, or libel Beauty Works LLC or any of its subsidiaries
- _____ I will represent myself and Beauty Works LLC in a professional manner while in class
- _____ I will be on time for all days scheduled for the course. Beauty Works LLC is not responsible for time or material missed due to tardiness
- _____ Beauty Works LLC is not responsible for travel fees or fees incurred by student to participate in this course.
- _____ Beauty Works LLC is not responsible for Permits, Certifications, or Licenses that the student is required to have in their State to perform tinting services

Student signature _____ **Date:** _____