

GORGEOUS GAL MAKEUP CONSENT FORM

CLIENT NAME: _____

DATE: _____

ALLERGIES: **YES / NO** (IF YES, PLEASE EXPLAIN) _____

I **DO / DO NOT** GIVE ELENA WASHINGTON OF GORGEOUS GAL MAKEUP PERMISSION TO APPLY PRODUCTS AND / OR MAKEUP TO MY SKIN. I HAVE COMPLETED THE ABOVE AND MADE ELENA AWARE OF ANY SKIN ALLERGIES I HAVE, IF ANY.

I **DO/ DO NOT** GIVE ELENA WASHINGTON PERMISSION TO TAKE PHOTOS OF THE MAKEUP SHE HAS APPLIED ON ME.

I **DO / DO NOT** GIVE ELENA WASHINGTON PERMISSION TO USE PHOTOS TAKEN OF ME ON HER SOCIAL MEDIA, BUSINESS ACCOUNT AND / OR WEBSITE.

CLIENT SIGNATURE: _____

CLIENT PRINT NAME: _____

MAKEUP ARTIST SIGNATURE: _____

MAKEUP ARTIST PRINT NAME: _____