



Cosmiix Artistry, LLC Model/Client Release Form

Thank you for choosing **Cosmiix Artistry** for your beauty/makeup needs.

We pride ourselves in the work we do and the relationships we create throughout our fantastic journey! Our goal is that we leave you feeling the most BEAUTIFUL!

Please read and understand the information given below before you sign. Thank you!

I, _____ understand that by allowing Cosmiix Artistry and its employees to do my make and/or hair for the occasion I have booked them for, I agree and consent to the following:

I understand that any photos taken before and after makeup application and hair design are the property of Cosmiix Artistry and used for promotional and marketing purposes. I also understand that these photos of myself may be used on social media platforms. I waive any rights, claims or interest I may have to control the use of my identity or likeness.

I understand there is no financial or remuneration for any photos or video recordings made of me.

LIABILITY: Cosmiix stylists shall wash their hands/ sanitize before working on each client. Artists are CDC COVID compliant. All brushes, tools, and makeup products are sanitized between every makeup application. All products used are professional and of the best quality. Any allergies and/or skin conditions should be reported to the makeup artist prior to application and, if need be, a sample test of makeup may be performed on the skin to test reaction. Client(s) agree to release the stylist (Dania Blanco) and all contracted Cosmiix Artistry assistants/employees from any and all liability for any skin/hair complications due to allergic reactions and/or unknown complications.

Cosmiix Artistry stylists use the highest quality products and tools. We are professional, certified makeup and hair artists who strive to give you the look you want with unsurpassed service.

I understand that if after having my makeup and/or hair done by a Cosmiix stylist, should I develop an allergic reaction, rash, burn, infections, hair loss, become ill or incur any medical expenses as a result, I will not hold Cosmiix Artistry or their stylists/employees liable or responsible.

I confirm and state to be true that I am 18 years of age. I have read and understand the aforementioned statements and agree. I cannot wait to have my makeup and hair done!

Print Client Name _____ Phone# _____

Or

I am the parent/guardian of the client Cosmiix Artistry will be beautifying. I have read and consent to the terms mentioned above. By signing, I take full responsibility for the minor child mentioned above.

Parent/Guardian name _____ Phone _____

Signature _____ Date _____

BE BEAUTIFUL!

