



Makeup Application Release Form

I, the client as herein signed, hereby authorize **all about you**, and whomever it may designate as it's operators, assistants or otherwise to perform upon myself a professional makeup application.

I have been fully informed as to the methods and procedures concerning this professional makeup application. I have carefully considered all risks involved in this activity, and hereby agree to hold **all about you** and their respective employees harmless for all personal injury which could result from participation in this service.

I, the client herein signed, acknowledge that all brushes and makeup products are kept sanitary and are sanitized between every makeup application. Any skin condition should be reported by myself to the makeup artist prior to application and, if need be, a sample test of makeup may need to be performed on the skin to test reaction. I hereby agree to release the makeup artist from liability for any skin complications due to allergic reactions.

I, the client herein signed, for the purpose of documentation, hereby consent to "before" and "after" photographs, which may or may not be used for the purpose of advertising.

I, the client herein signed, certify that I have read and **had explained to me** and fully understand the above Release and Disclosure.

Client's Full Name (Please print)

Client's Signature OR

Date

Parent/Guardian's Signature if minor

Client: _____

Face

Foundation: _____

Concealer: _____

Powder: _____

Brow: _____

Eyes

Highlight: _____

Midtones: _____

Contour: _____

Eyeliner: _____

Mascara: _____

Cheeks

Blush: _____

Bronzer: _____

Lips

Lipliner: _____

Lipstick: _____

Lipgloss: _____

Brushes



Skincare

Skin type

- ☐ Dry
- ☐ Oily
- ☐ Flakiness
- ☐ Large pores
- ☐ Extra sensitive
- ☐ Acne

Skin tone

- ☐ Uneven skin
- ☐ Pigmentation
- ☐ Dull skin
- ☐ Freckles

Eyes

- ☐ Dark rings
- ☐ Fine lines
- ☐ Wrinkles
- ☐ Puffiness

Additional Notes