

Client Consent & Liability Agreement

Thank you for choosing Enid's Makeup Artistry Studio. Your comfort, safety, and satisfaction are my top priorities. Please read this agreement carefully before receiving makeup services.

Client Information

Client Name:

Phone Number:

Email Address:

Appointment Date:

Makeup Service Requested:

Event Type (if applicable):

Health & Skin Disclosure

I understand that it is my responsibility to inform Enid's Makeup Artistry Studio of any allergies, sensitivities, skin conditions, skincare treatments, or other concerns that may affect my makeup application.

Please check any that apply:

☐

Sensitive skin

☐

Allergies to cosmetics or skincare products

☐

Eye sensitivities or conditions

☐

Skin conditions

☐

Use of prescription skincare treatments

☐

Recent facial treatments (peels, waxing, procedures, etc.)

☐

None of the above

Additional information:

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Makeup Application Acknowledgment

I understand that makeup products are intended for cosmetic use; however, individual skin reactions may vary.

Enid's Makeup Artistry Studio takes reasonable precautions by using professional products, maintaining proper sanitation practices, and following hygienic application procedures.

I understand that:

- Makeup application may include the use of brushes, tools, lashes, adhesives, and cosmetic products.
- I should immediately communicate any discomfort, irritation, or concerns during my appointment.
- I may request that a specific product or technique not be used.
- Results may vary depending on skin type, skin condition, environmental factors, and personal preferences.

Sanitation Commitment

Enid's Makeup Artistry Studio is committed to maintaining a clean and sanitary environment for every client.

I understand that:

- All brushes and tools are properly cleaned and sanitized between clients.
- Disposable applicators are used when appropriate.
- Professional hygiene practices are followed during every makeup application.
- Products are handled carefully to maintain cleanliness and client safety.

Client Responsibility

I confirm that all information provided regarding my skin, allergies, and sensitivities is accurate and complete to the best of my knowledge.

I understand that failure to disclose relevant information may increase the risk of irritation or adverse reactions.

I agree to communicate any concerns during my appointment so they can be addressed promptly.

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Appointment & Payment Policy

I understand that appointment deposits, payments, cancellations, and rescheduling are subject to Enid's Makeup Artistry Studio policies.

Once a makeup service has begun, I understand that payments are non-refundable because time, preparation, products, and resources have already been reserved and used.

If I choose to discontinue the service after it has started, I understand that I remain responsible for payment of the scheduled service.

Liability Agreement

I acknowledge that Enid's Makeup Artistry Studio will provide professional makeup services while taking reasonable precautions to ensure client safety.

I understand that Enid's Makeup Artistry Studio is not responsible for reactions, sensitivities, or complications resulting from:

- Previously undisclosed allergies or skin conditions
- Client-provided information that is incomplete or inaccurate
- Failure to follow recommended aftercare instructions

This agreement does not waive responsibility for negligence or improper professional practices.

Client Consent

By signing below, I acknowledge that I have read, understood, and agree to the terms of this Client Consent & Liability Agreement.

I consent to receiving makeup services from Enid's Makeup Artistry Studio and understand my responsibilities as a client.

Client Signature:

Date:

Makeup Artist Signature:

Date:

Thank you for trusting Enid's Makeup Artistry Studio.

Your comfort, safety, and confidence are always important to me.