

Client Photo & Social Media Release

ENID'S MAKEUP ARTISTRY STUDIO

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Thank you for allowing Enid's Makeup Artistry Studio to be part of your special moment. Photos help showcase my artistry and allow future clients to see examples of my work.

Please review the options below and select your preference.

Client Information

Client Name:

Phone Number:

Email Address:

Appointment Date:

Makeup Service Provided:

Photography Consent

I understand that Enid's Makeup Artistry Studio may take photographs and/or videos of my makeup application, finished look, and overall appearance for professional purposes.

Please select one:

- ☐ YES, I give permission for Enid's Makeup Artistry Studio to use my photos and/or videos for:
- | | | |
|--|--|--|
| ☐ Website portfolio | ☐ Instagram | ☐ Facebook |
| ☐ TikTok | ☐ Marketing materials | ☐ Before-and-after examples |
| ☐ Other promotional purposes | | |
| ☐ NO, I do not give permission for my photos or videos to be used publicly. | | |

Client Privacy Preference

If I give permission for my photos to be used, I understand that:

- ☐ My face may be visible in photos or videos.
- ☐ My name will not be shared unless I provide additional permission.
- ☐ I may request that certain photos not be posted.
- ☐ Enid's Makeup Artistry Studio will make reasonable efforts to represent my image professionally and respectfully.

Additional requests or restrictions:

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Ownership & Usage Agreement

I understand that photographs and videos created by Enid's Makeup Artistry Studio are examples of the artist's professional work.

I grant Enid's Makeup Artistry Studio permission to use approved images for business promotion, portfolio development, and marketing purposes as selected above.

I understand that I will not receive compensation for the use of approved images.

Withdrawal of Permission

I understand that if I previously granted permission and later wish to withdraw consent, I may contact Enid's Makeup Artistry Studio. Requests will be considered for future use; however, images already published, printed, or distributed may not be able to be completely removed.

Client Signature

By signing below, I confirm that I have read and understand this Photo & Social Media Release Agreement and have selected my preference regarding the use of my images.

Client Signature:

Date:

Makeup Artist Signature:

Date:

Thank you for helping me share my artistry while honoring your comfort, privacy, and personal preferences.