



## MAKEUP CLASSES

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

If under 18 years of age, Parent/Guardian \_\_\_\_\_; Phone# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_; Phone# \_\_\_\_\_

Class Date: \_\_\_\_\_ Class Cost: \_\_\_\_\_

Any Known Product/Skin Allergies/Sensitivities? \_\_\_\_\_  
(Makeup By Nancy recommends that you do not share makeup with others during the class).

Makeup By Nancy will provide certain materials for the class, and that I understand I or my child must bring the following items on the day of the class:

**See course information for the list of supplies you will be responsible for bringing to this class on Makeup by Nancy's website at <https://makeupbynancy.com/services2/>**

**Please read each paragraph below carefully and initial at the end of each paragraph.**

I am fully aware that I have informed Nancy A. Gorman of any concerns that I have with her applying makeup to my or my child's skin. I release and hold harmless Nancy A. Gorman from any responsibilities for any personal injuries or skin irritations that may occur or any allergic reactions that I or my child may have to the makeup applied, or for any other damages that may occur to my or my child's skin or body at the time of the makeup application, as well as any delayed reactions that may occur thereafter. **Initial:** \_\_\_\_\_

I give full permission to Nancy Gorman of Makeup By Nancy (hereinafter referred to as "Makeup By Nancy") to apply my makeup or my child's makeup without any reservations, and I release her from all liability for any damages or personal injuries that may occur. **Initial:** \_\_\_\_\_

I agree to pay the class tuition in advance of the day of the class in order to reserve my spot. Since these are small classes and space is limited, I understand Makeup By Nancy requires 24 hours notice in the event of a cancellation. In the event of a cancellation, the payment will be credited for future services or another class, but it will not be refunded to me or my child. If I or my child does not show up for the class or fails to notify within 24 hours, I understand Makeup By Nancy will not refund or credit the class tuition. **Initial:** \_\_\_\_\_



Due to circumstances beyond Makeup By Nancy's control, such as inclement weather or power outages, Makeup By Nancy reserves the right to cancel a class. If Makeup By Nancy cancels the class, she will provide a rescheduled date or credit of the class amount toward a future class or for makeup services. **Initial:** \_\_\_\_\_

I grant Makeup By Nancy permission and authorization to use the photos from my or my child's class in Makeup By Nancy's portfolio, on her websites, social media and for marketing purposes. Makeup By Nancy has my consent to use my or my child's photograph to publically promote or advertise her services. I understand that these images may be used in print publications, online, websites, and social media. I understand that no royalty or fee or other compensation will be payable to me or my child for such use, and I waive, on both my behalf and my child's, all claims to any compensation for such use or for damages incurred by such use. **Y/N**\_\_\_\_\_ **If Yes, please Initial:** \_\_\_\_\_

I understand that neither my child nor I may photograph or videotape Nancy A. Gorman or anyone else during the class. If I or my child want to take pictures of ourselves during the class, I will notify Nancy A. Gorman before or during the class. **Initial:** \_\_\_\_\_

I understand that if my child is receiving services that I must promptly pick up and drop off my child before and immediately after the end of the class. In the event I fail to pick up my child immediately after the class, Makeup By Nancy may, in her discretion, charge her hourly rate of \$100 for her time. **Initial:** \_\_\_\_\_

Makeup By Nancy also reserves the right to remove a participant whose conduct is disruptive, or the opinion of Makeup By Nancy, poses a threat to anyone else in the class. **Initial:** \_\_\_\_\_

By signing this release and acknowledgement of information, I acknowledge that I have read and understand the terms and conditions outlined above. All of my questions have been addressed to my satisfaction. I have a clear understanding of what services I will receive, and shall comply with this agreement. **Initial:** \_\_\_\_\_

Name [Print]: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Guardian? [Y/N] \_\_\_\_\_

(If under 18 years of age, a Parent or Guardian must sign on your behalf)