



COVID-19 Liability Release

Due to the Coronavirus (COVID-19) outbreak, we are going above and beyond to serve each client. Along with following the COVID-19 sanitation/disinfection procedures we are taking extra precaution and require every client to agree to the following terms:

_____ I understand that the symptoms of COVID-19 include fever, fatigue, dry cough, and difficulty breathing. I affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed **above within the past 14 days.**

_____ I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19, **within the past 30 days.**

_____ I affirm that I, as well as all household members have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections **within the past 30 days.**

_____ I understand that **TRAYE DE'VAWN GLAM** cannot be held liable for any exposure to COVID-19 virus caused by misinformation on this form or the health history provided by each client.

Allergy Awareness

All brushes and makeup products are kept sanitary and are sanitized between every makeup application.

Makeup products used are hypoallergenic. Any skin condition should be reported by the client 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 makeup artist from liability for any skin complications due to allergic reactions I understand that I will be in direct contact with various cosmetics and products topically applied. I am aware of the following specific chemicals and / or cosmetics of which I am allergic or have sensitivity to.

Photo Permissions

_____ I agree to allow photos of all makeup applications to be used in portfolios or promotional images.

Payment Policy Payments are to be made after makeup services have been provided. Accepted methods are cash, ZELLE/Cash App, PayPal or credit cards with a \$3.00 convenience fee added to the final bill. No personal checks will be accepted. By signing below, you are agreeing to all the terms listed above.

Client's Name _____

Client's signature _____ Date _____

If under 18 - Parent/Guardian Name _____

Parent/Guardian's signature _____ Date _____