



Client Release Form

FOR MODELS/CUSTOMERS

Please fill out the electronic form and have it signed by the date of booking.

I, the undersigned, do hereby consent and agree that Faces by Tne'ga have the right to take photographs, videotape, or digital recordings of me during Makeup application, and or during my photo-shoot. And to use these in any and all media, now or hereafter known, and exclusively for the purpose of Promoting Faces by Tne'ga. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

1- I do hereby release to Faces by Tne'ga, its agents, and employees all rights to exhibit this work in print and signature form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. Permission is granted to take before and after photos of my eyes / face which may be used for marketing purposes on a website, salon and media.

2- I also understand that Faces by Tne'ga is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

3. Model compensation for FBT shoots (if applicable) is a free hair or makeup service. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

BY checking box below, you are agreeing to terms and conditions. I understand that this signature has a legal effect and can be enforced.

☐ Agreed

Print Name _____ Signature _____

Address _____ City/ST/Zip _____

Phone _____ Email _____

If you are under the age of 18, please have parent sign here: _____

FACES BY TNE'GA

CALL: 214.643.2251 | WRITE: FACES_BY_TNEGA@YAHOO.COM | VISIT: WWW.FACESBYTNEGA.COM



ALLERGY AWARENESS FORM

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.

I agree to have artificial eyelash applied to my natural eyelashes and/or removed and retouched. By signing this agreement, I consent to the placement and removal of eyelash by the makeup artist at Faces by Tne'ga.

I understand there are risks associated with having artificial eyelashes and applied to, or removed from my natural eyelashes. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases, eye infection or blindness can occur. I agree that if I experience any of these medical conditions with my lashes I will have the eyelashes removed immediately and consult a physician at my own expense.

This agreement will remain in effect for this procedure and all future procedures conducted by the Artist. I read English and understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I am over 18 years of age and consent to the agreement and to treatment. I release Faces by Tne'ga from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products.

By signing below, I verify that I have read and understand the above statements and agree to them. Permission is granted to take before and after photos of my eyes / face which may be used for marketing purposes on a website, salon or class.

BY checking box below, you are agreeing to terms and conditions. I understand that this signature has a legal effect and can be enforced.

☐ Agreed

Print Name _____ Signature _____

Address _____ City/ST/Zip _____

Phone _____ Email _____

If you are under the age of 18, please have parent sign here: _____