



## The Castle of Beauty Waiver and Consent Form

I, \_\_\_\_\_ give consent for my child/ren, and any other children under my personal supervision on the date thereof, to participate in the services provided by THE CASTLE OF BEAUTY, and individuals employed by THE CASTLE OF BEAUTY, including but not limited to: the application of professional makeup products, creams, latex, cleanser, scrub, face jewelry, nail polish, as well as tools and other beauty products that may be used as discussed.

I hereby acknowledge that while the application of these products is generally regarded as safe, that allergies, or adverse reactions to the above products, and mistreatment of such tools and products by my child can result in injury.

\_\_\_\_\_(Initial here)

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks and complications, and informed THE CASTLE OF BEAUTY of any known allergies, reactions, and medical issues that my child/ren and children in the party may have, prior to signing this waiver.

\_\_\_\_\_(Initial here)

I have carefully considered all risks involved in this activity and hereby agree to hold THE CASTLE OF BEAUTY and their respective employees harmless for all personal injury to my child which could result from the participation of this service.

\_\_\_\_\_(Initial here)

I hereby acknowledge that all brushes, tools, and makeup products are kept sanitary and are sanitized between every makeup application. Any skin condition should be reported by myself to the instructor prior to application and, if need be, a sample test of makeup may need to be performed on the skin to test reaction.

\_\_\_\_\_(Initial here)

\_\_\_\_\_

\_\_\_\_\_(Date)

(Legal Guardian Signature)