

# Kiki 606 Makeup Artist Parental Consent Form

I certify that I am the parent or legal guardian of \_\_\_\_\_, who is age \_\_\_\_\_, and I give my consent for her/him to participate in a professional makeup application.

I hereby acknowledge that while the application of makeup is generally regarded as safe, that allergies, reactions to makeup products, and mistreatment of makeup products and tools can result in injury.

I have carefully considered any and all risks involved in this activity, and hereby agree to hold Kiki Allen-Scott, Kiki 606 Makeup, and her respective service agents and employees harmless for all personal injury which could result from participation in this service.

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date