

Beauty by NG

Nida Gazi |714-883-3764; nidagazi@gmail.com | www.nidagazi.com or Facebook

BRIDAL MAKEUP SERVICE CONTRACT

THIS MAKEUP SERVICE CONTRACT is made and entered into as of (today's date) _____,

by and between ("Client") _____

whose address is _____ and id _____

and ("Makeup Artist") **Nida Gazi "Beauty by NG"** whose business address is undisclosed until contract has been signed and completed. In consideration of the mutual covenants herein contained and, intending to be legally bound hereby, the Client and the Makeup Artist agree as follows: **Makeup Artist's obligation** to give services hereunder is subject to the unavailability of the Artist as a result of sickness, accidents, acts of God and other reasons beyond the Artist's control. Beauty by NG Makeup Artistry is acting as a non-exclusive independent contractor for the client. By signing this contract client removes provider from any person responsibility if there should be any damages incurred to client (s), due to sensitivity or allergic reaction from products used during services, and that services are commissioned at own risk.

- **LIABILITY:** 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.
- **LOCATION of WEDDING - The wedding preparation will take place at the following location:**
HALL / HOTEL: _____
Street Address: _____
Client's Contact Phone #: _____ Alt Contact info: _____
- **DATE and TIME of WEDDING: Date:** _____ **Time:** _____
The time that Artist will need to be at location: (specified and agreed upon): _____
Earliest time party needs to be ready by (specified and agreed upon): _____
How many in the wedding party will get their makeup done including the Bride/Client: _____
How many in the wedding party will get their hair done including the Bride/Client: _____
- **PAYMENT:** In full consideration for all services rendered by the Artist at the location, the Client agrees to make the following payment in U.S\$ to the Artist *a non-refundable \$100 deposit. **This is required to hold your date.***
a) Deposit: A 50% deposit is required to hold your date, and the balance is due on the date of the event. Deposits and makeup trials are non-refundable and will be credited toward your balance on the event day.
b) Payment of Balance: Client will pay the Artist the remaining balance of the payment of \$_____ in **Cash or Check Payable to "Nida Gazi"**. The client is financially responsible for the entire balance. ***The balance cannot be change if any in wedding party cancels 30 days before the event. Final payments/monies for services are due upon arrival prior to services rendered.***
- **Additional Hourly Rate:** \$50.00 (for makeup touch-up and to be on stand-by/wait time, please include this in the balance above) **Yes** ___ **No** ___ If Yes, how many hrs: _____
- **CANCELLATIONS:** In the event Client cancels the project before 30 days of the event, **Client will lose the deposit.** In the event Client cancels the project within 15 days of the Project, a cancellation fee of \$150.00 is due to Artist.
- **PHOTO:** I grant to "Beauty by NG" the right to take photographs of me and my family in connection with the above-identified event. I authorize transferees to copyright, use and publish the same in print and/or electronically. I agree that "Beauty by NG" may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.
- **TRAVEL:** I understand there is a \$40.00-\$50.00 travel fee depending on the location within the L.A area. Please include the agreed travel amount above. Client is responsible for all valet parking, parking fees and toll fees.

By signing this contract, I have read and understand all the terms and conditions outlined above. I understand that I will be financially responsible for self along with bridal party and all deposit(s) made are non-refundable. I will abide by this contract. This contract is binding.

(Client - Bride) (DATE)

Client's Email Address and phone number

Nida Gazi – Artist "Beauty by NG"