



Liability
Waiver
Form

Name: _____ Event & date: _____

Please list all allergies:

I am fully aware of the risks and hazards connected with receiving cosmetic services and hereby elect to voluntarily receive said services. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY that may be sustained by me, or loss or damage to property owned by me, as a result of receiving said services.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Trio Makeup & Hair Design, their officers, servants, agents, and employees, including but not limited to Theresa J. Andrews, Maria T. Kilroy and Nikkea M. Dougherty, (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while receiving cosmetic services, including but not limited to hair and makeup, or while on or upon the premises where the services are being provided.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Georgia.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Signature: _____
Print Name: _____

Guardian Signature (if under 18 yrs): _____
Print Guardian Name: _____

Date: _____