



Makeup Agreement



This general service agreement is entered upon on the _____ day of _____, 20____

Contractor:

Cami Bozeman
Sote Aesthetic Salon, LLC
206 E Indiana Ave
Coeur d'Alene, ID 83814

Client:

Phone: (_____) _____ - _____

BACKGROUND: A) The Client is of the opinion that the Contractor has the necessary qualifications, experience, and abilities to provide services to the Client. B) The Contractor is agreeable to providing such services to the Client on the terms and conditions set out in this Agreement.

IN CONSIDERATION OF the matters described above and of the mutual benefits and obligations set forth in this Agreement, the receipt and sufficiency of which consideration is hereby acknowledged, the Client and the Contractor agree as follows:

SERVICES PROVIDED: 1) The Client hereby agrees to engage the Contractor to provide the Client with Makeup Services. 2) The Services will also include any other tasks which the Parties may agree on. The Contractor hereby agrees to provide such Services to the Client.



TERMS OF AGREEMENT: 3) The term of this Agreement will begin on the date of this Agreement and will remain in full force until the completion of the Services, subject to early termination as provided in this Agreement. The Term may be extended with the written consent of the Parties. 4) In the event that either Party wishes to terminate the Agreement prior to the completion of the Services, that Party will be required to provide 30 days written notice to the other Party.

PERFORMANCE: 5) The Parties agree to do everything necessary to ensure that the terms of this Agreement take effect.

CURRENCY: 6) Except as otherwise provided in this Agreement, all monetary amounts referred to as this Agreement are in USD (US Dollars)

COMPENSATION: 7) The Contractor will charge the client for the Services as follows:

Nonrefundable Deposit: \$ _____ (DUE TODAY)

Service Fee: \$ _____ (DUE 30 DAYS PRIOR TO EVENT)

Travel Expenses: \$ _____ (detailed itinerary to follow if applicable)

Other: \$ _____

8) Invoices submitted by the Contractor to the Client are due upon receipt unless otherwise indicated within this agreement. All travel fees are to be paid 30 days prior to the event and are nonrefundable. That date is ____ / ____ / ____.

CONFIDENTIALITY: 9) By initialing here, the Client acknowledges that images or videos taken of the services are allowed to be used by the Contractor for purposes of marketing; including but not limited to website, social media, marketing materials, and studio posters _____.

AUTONOMY: 10) Except as otherwise provided in this Agreement, the Contractor will have full control over working time< methods< and decision making in relation to provision of the Services in accordance with the Agreement. The Contractor will work autonomously and not at the direction of the Client; though responsive to the reasonable needs and concerns of the Client.



CAPACITY/INDEPENDENT CONTRACTOR: 11) In providing the Services under this Agreement it is expressly agreed that the Contractor is acting as an independent contractor and not as an employee.

The Client acknowledges that Cami Bozeman works as sole proprietor and owner as the Contractor for Sote Aesthetic Salon, LLC and is not employed or under direct affiliation/training from Terri Reece Studios in which her salon space resides within.

By signing here, the Client acknowledges above information ____

DEPOSIT DETAILS: 12) Upon receipt of the nonrefundable deposit, this Agreement will be considered a booking. This amount will not be refunded to Client even if the event date is canceled. The remaining balance as determined in the aforementioned COMPENSATION will be due 30 days prior to the event date. This is that date: _____ / _____ / _____.

CANCELLATION POLICY: 13) If for any reason, the even date is canceled by the Client within 1-30 days of the event, the COMPENSATION paid will not be refunded to compensate Contractor for lost time and or any incurred expense.

CLIENT ACKNOWLEDGEMENT AGREEMENT: 14) The Client will list out any specific details within the questions below and will not issue legal harm towards the Contractor for any occurrence outside of the provided information. The Client agrees that the Contractor will perform Services following the guidelines of safety and has the right to deny the Services if unable to safely do so following the below information:

Client Name : _____ Date of Birth _____ Age _____

Allergies: _____

I acknowledge that I do NOT have allergic reactions to my understanding of the following:

- | | |
|--|--|
| <input type="checkbox"/> fragrances | <input type="checkbox"/> silica or talc |
| <input type="checkbox"/> preservatives | <input type="checkbox"/> latex or adhesives |
| <input type="checkbox"/> solvents | <input type="checkbox"/> sunscreen ingredients |

I, the Client, consent to proceed with all products that the Contractor used on me in the TRIAL appointment and confirm that I had no adverse reaction(s) from the products.

I, the Client, understand that services can be canceled or retracted in the event that I contract an allergic reaction and am unable to obtain a letter from a Physician indicating that I can proceed with Services as agreed upon; resulting in the forfeit of my DEPOSIT.

I, the Client, understand that services can be canceled or retracted in the event that I contract an infectious disease that would put at risk the Contractor and contaminate her products, materials, tools, & equipment. In the event that I were to proceed with Services with an Infectious Disease, I agree to pay any and all medical expenses to Contractor for testing, treatment, and replacement of supplies, materials, & equipment that came into contact with me during the time of disease.

I, the Client, confirm that all the above information is correct and I have not withheld any information to Contractor that would compromise proceeding with Services safely.

WEDDING INFORMATION: 15)

Bride's Name: _____ Phone No. _____ - _____ - _____

Backup Contact: _____

Date of Wedding: _____ / _____ / _____ Time of Wedding: _____ : _____

Location of Bridal Party getting ready (this is where Services will take place):

Makeup Artist Arrival Time: _____

Time that bridal party needs to be finalized: _____

Location of Wedding:

Pictures Prior? _____ If so, what time do pictures start? _____

How far away from the Service location are pictures being taken? _____

Number of parties contracted to receive makeup: _____

Bridal Party contracted to receive makeup services are as follows:

Trial Run Date: _____ Location: _____

Bridal Party Trial Run date: _____ Location: _____



ENTIRE AGREEMENT

This Agreement represents all the terms and conditions agreed upon by the Client and the Contractor.

By signing below, I acknowledge that everything in this Agreement is correct and factual and I, the Client, have not withheld any information from the Contractor that would jeopardize the safety or integrity of this Agreement. I agree to proceed with the Service.

Signature of the Client: _____ Date: _____

Printed Name: _____

Signature of the Contractor: _____ Date: _____

Printed Name: _____



For Contractor's Records:

- () TRIAL OBTAINED & PAID
- () FACE CHART ON FILE & APPROVED
- () AGREEMENT SIGNED
- () DEPOSIT PAID
- () TRAVEL FEES PAID
- () SERVICES PAID
- () SERVICES COMPLETED
- () SERVICES CANCELED

TRAVEL SERVICE AGREEMENT:

Any service that will be taking place 2 or more hours outside of Coeur d'Alene, ID will be booked and considered as a "TRAVEL SERVICE". The location taking place outside of my service area requires multiple considerations that will be detailed below.

By proceeding with this Agreement, the Client agrees to pay for all of the considerations listed below and understands additional fees may arise as situational charges - also understanding that travel is calculated for round-trip:

Client Name : _____ Phone Number: _____

Event Date: _____ Cancellation Cut-Off Date: _____

Wedding Location:

How far away is aforementioned location from Coeur d'Alene, ID? _____

Travel Requires:

() Travel via car: _____ miles x \$0.55 per mile = \$ _____

• details on miles: _____

() Parking Fees (standard fee) _____ x _____ days = \$ _____

() Travel via air: _____ RT tickets x \$ _____ / RT ticket = _____

() Flight insurance (standard fee): _____

() Hotel accommodations (standard per diem rate): \$ _____ day x _____ days = \$ _____

() Hotel insurance (standard fee) _____

TOTAL DUE: \$ _____

The charges on this invoice for TRAVEL SERVICE are due upon receipt and are considered nonrefundable if the event is canceled 1-30 days prior to the event date. The Contractor agrees to purchase and book with a cancelable option for both travel & stay, but is not liable for reimbursement to the Client of said charges in the event that a global pandemic, natural disaster, government-issued traffic halt, or any other not-at-fault occurrence delays their ability to follow through with aforementioned agreements.

By signing below, the Client agrees to pay total fees due and acknowledges that travel accommodations can change given unforeseen circumstances and will not hold the Contractor liable for those circumstances outside of their control.

The Client acknowledges that all fees paid are nonrefundable in the event that plans change or are cancelled within 1-30 days of the event date.

In the event that arrangements need to be amended prior to cancellation cut-off date, a new contract agreement will be drafted.

Client Signature

Date

Printed Name