**Wedding Contract**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of wedding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This wedding contract is dated as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by and between **Amelia Gray** (“Makeup artist” MUA) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Client”) (collectively the “Parties”). The Parties agree as follows:

1. SERVICES/NUMBER OF PEOPLE: MUAs will provide services (false lash application included) for the following number of people: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* MINIMUM 4 people, or automatic $200 fee for ON LOCATION;

Contract is required for IN HOUSE parties of 6 or greater \*\*

1. LOCATION/DATE/TIME:

* The services shall be commencing at \_\_\_\_\_\_\_\_\_ a.m./p.m. and concluding at \_\_\_\_\_\_\_\_\_\_ a.m./p.m., at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location).
* The time AG staff needs to be at location (specified and agreed upon): \_\_\_\_\_\_\_\_\_
* Earliest time party needs to be ready by (specified and agreed upon): \_\_\_\_\_\_\_\_

1. SUPPLIES AND EQUIPMENT: When performing the services, Amelia Gray will use their own cosmetic supplies and equipment.
2. PAYMENT: Mark the applicable

* For on location services, the payment of $50 per head is required at the beginning of the makeup application.
* For in house services, the payment of $35 per head (or free with $50 purchase of makeup) is required.

This contract includes 1 FREE trial run for a Bride, and FREE “5-minute face” for bridal party members, 12 years old or younger.

\*\* ONLY cash and credit card accepted\*\*

Please email Grace at [grace@ameliagrayskincare.com](mailto:grace@ameliagrayskincare.com) for further questions regarding the wedding contract.

6. DEPOSIT : There will be a 20% (potentially) refundable deposit due when you book your appointment before the occasion. This is required to hold your date. This Deposit will count towards client's purchase if client chooses to have services provided. The balance left will be due when any services are completed, upon receipt.

7. CANCELLATIONS. In the event Client cancels the project ONE MONTH (by calendar date) before the event, Client will be refunded the deposit.

CANCELLATIONS made LESS than ONE MONTH in advance of event will be considered NON REFUNDABLE.

8. TRAVEL: Fee is included when traveling 25 miles or less radius from Amelia Gray (1662 11th st Portmsouth, OH 45662)

Client understands there is a $10.00 - $25.00 travel fee depending on the location of the event, should the event be outside the 25 mile radius. Please include the agreed travel amount above. Client is responsible for all valet parking, parking fees and toll fees.

8. LIMITATION ON LIABILITY: Client holds MUA harmless for any claim, loss, damage or injury to any person or property arising, either directly or indirectly, from MUA's performance.

(b) MUA shall not be liable for any delay or nonperformance due to circumstances beyond her control.

(c) MUA is an independent contractor and not an employee of Client.

(d) Any changes to this document must be signed by both MUA (Contractor) and Client.

(e) This Agreement constitutes the entire agreement between the Client and MUA, and supersedes any prior understanding or representation of any kind preceding the date of this Agreement. There are no other promises, conditions, understandings or other agreements, whether oral or written, relating to the subject matter of this Agreement.

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: MUA:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Printed) Name (Printed)