

Candidate Number

MODEL WAIVER FORM

I, _____, having consented to act as a model for the purpose of enabling
(Name)
_____ to try the qualifying examination in _____ at
(Name of Candidate) (Name of Exam)
_____ on _____, 20 _____.
(City or Town or Province) (Month / Day)

I hereby acknowledge that the following matters are known and understood by me.

- (a) That I (the model) currently am not nor have I ever been a service provider or student in the cosmetology industry (hair, esthetics, nails, etc.) in any country. If it is determined that I am associated with the cosmetology industry in any way, the candidate will face disqualification.**
- (b) That I (the model) meet all requirements as dictated under health and safety (free from infections, broken skin, etc). And that I meet the required elements for the candidate to complete all competencies of this practical exam. If these requirements are not met, the candidate will face disqualification.**
- (c) That BeautyCouncil does not guarantee or warranty that the aforesaid examination candidate possesses the requisite skills and competence to carry out any or all acts of esthetics and BeautyCouncil assumes no responsibility for any damage arising from any or all aspects of negligence on the part of the aforesaid candidate.**

First Witness Signature

Model Signature

Second Witness Signature

Model Address

Signed _____, 20 _____.
(Month / Day)

[If model is under 19 years of age, a letter from the parent or guardian must accompany this form stating that they consent to the above. Model must be at least 16 years of age.]

This form MUST BE COMPLETED by model prior to the registration of candidate's exam.