

Candidate Number

MODEL WAIVER FORM

I, _____, having consented to act as a model for the purpose of enabling
(Name)
the candidate to try the qualifying examination in **Makeup Artistry** at _____ on
(City or Town or Province)
_____, 20 ____ hereby acknowledge that the following matters are known and
(Month / Day)
understood by me.

- (a) That no contract for services exists between me and BeautyCouncil* in respect of the aforesaid examination.
- (b) That the 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 makeup artistry and the 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.

* Formerly known as the Cosmetology Industry Association of British Columbia