Video - Makeup / Product Consent & Sensitivity Questionnaire

Download and save this PDF. Complete the fields in a PDF reader, or print and write clearly. Sign where indicated using your PDF reader signing tool or by hand. Email the completed copy to info@michaelivoryphotography.com. This PDF does not submit automatically.

1. Participant and session details

Project / booking name

Session date

Location, city and state

Signer full legal name

Signer email

Signer phone

Person receiving products - full name

Participant age on session date

If under 18: guardian relationship (otherwise self)

Makeup / product provider name and contact

Products / brands, application areas and purpose

Relevant allergies, sensitivities and prior reactions (none known if none)

Products declined, limits and patch-test discussion

2. Agreement

Limited product permission

This form concerns products proposed for the identified video recording (including sound) session with Michael Ivory Photography LLC. Permission is limited to the products, application areas and provider listed below. Unlisted substitutions require fresh agreement before application.

Sensitivities and choice

I have disclosed known relevant product allergies, sensitivities and prior reactions to the best of my knowledge. I may discuss details privately with the provider rather than record unrelated medical history. Unknown reactions can occur. A patch test, when appropriate, does not guarantee that a reaction will not occur.

Provider safety responsibilities

The provider must use appropriate hygiene, clean tools and suitable products, follow product instructions, discuss requested changes and stop if irritation is reported. This form does not excuse unsafe application, negligence or unlawful conduct, and does not certify anyone's professional credentials.

Right to stop

I may refuse a product or stop application at any time. If discomfort or a reaction occurs, I will notify the provider immediately. The provider should stop, follow appropriate product guidance and obtain medical assistance when needed. This form does not authorize medical treatment or promise any result.

Minors, privacy and separate permissions

For a participant under 18, a parent or legal guardian must complete and sign this consent and remain available. The child may also decline application. No injury claims are waived. No photography, recording, publicity or marketing permission is granted by this form. Relevant product and sensitivity information is used only for session safety and records; avoid unrelated health details.

3. Acknowledgment and signature

- [ ] I am at least 18, legally able to sign, and have the authority stated in this form.
- [ ] I have read the completed details and every term, had an opportunity to ask questions, and voluntarily agree.

Printed full legal name

Adult participant or parent / legal guardian signature (sign by hand or with your PDF reader)

Date signed

Photographer / producer printed name: Michael Ivory | Michael Ivory Photography LLC

Details and signatures are retained for session safety and agreement records. This is not marketing consent. Do not enter unrelated medical information. Contact info@michaelivoryphotography.com with record or privacy questions.