

Southern Couture

Salon & Bridal Bar

82 Orchard Park Dr.
Greenville, SC 29615

Service Contract for Greenville-Columbia Region

Thank you for your interest in beauty services with Southern Couture. In this packet, you will find the list of our essential services and pricing. We understand all the hard work and meticulous planning that goes into making your event truly magical. Our artistic team also knows that the way you look and feel on that special day is directly related to your beauty experiences prior to the big event.



Name: _____

Date of Event: _____

Home Address: _____

City: _____ State: _____

Zip Code: _____ Cell Phone: _____

Start Time: _____ Completed By: _____

E-mail: _____

Service Location: _____

Ceremony Time: _____

Requested Artist: _____

Trial Date: _____

SOUTHERN COUTURE'S SERVICE POLICY

We promise to create and deliver flawless makeup to help make your event unforgettable. All services are priced accordingly to your needs and include the use of sterilized, professional makeup products and supplies.

Initial Consultation: We are excited to meet you! During your consultation we will answer any questions you may have and walk you through our process. We will discuss your personal hair and makeup needs, event details, as well as scheduling and logistics. Please note, we **do not** apply any makeup or style hair during the consultation. This will take place during the trial.

Service Trial: During your scheduled trial time we will create your custom hair and makeup design. Feel free to bring a friend! A trial is not required but highly recommended!

Payment Policy

A retainer deposit of 50% of your total package price is due at the time of booking to secure your day. Full balance is due on the Monday **before** the event. ****Your date will not be reserved until your retainer deposit is paid**** No refunds will be issued for a member of the wedding party who misses their appointment on the day of the event. We do ask that if there should be a need to adjust or cancel for the appointment that all changes are made 60 days prior to the date of the appointment. Cancellation before 60 days, 50% deposit will be refunded. Nonrefundable deposit after 60 days.

Late Policy

If the Client (or anyone in your party receiving services) is late on the event date that time is deducted from the appointment time. The Artist is not responsible for tardiness and unfinished makeup due to the Client arriving late. Your artist will finish the person who was late at the end of the appointment if time permits. Missed appointments due to being late are non-refundable.

Deposit Amount: \$ _____ Date Collected: _____

Balance Amount: \$ _____ Date Collected: _____

I hereby agree to the terms and policies of Southern Couture as stated in this service contract.

Client Signature: _____ Date: _____

Artist Signature: _____ Date: _____

Services and Pricing

Bride Services

⌘ Airbrush Makeup Application	\$120
• with Lead Artist	\$140
⌘ Regular Makeup Application	\$100
• with Lead Artist	\$120
⌘ Lashes and Application	\$20
⌘ Hair Style or Updo	\$100
• with Lead Artist	\$125



Bridal Party Services



\$120	⌘ Airbrush Makeup Application
\$135	with Lead Artist
\$95	⌘ Regular Makeup Application
\$115	with Lead Artist
\$20	⌘ Lashes and Application
\$95	⌘ Hair Style or Updo
	with Lead Artist

Additional Services

Tattoo Cover Up	Starting at \$25
Clip-in Extension Insert	\$35
Extensions	Consult for pricing* Starting
Bridal Prep Facial	\$65
The Bridal Glow HydraFacial	\$185
Men's Hair Style	\$50
Men's Airbrush Touch-up	\$50
Spray Tan	\$25
Flower Girl Hair (under 12 yrs)	\$50
Flower Girl Makeup (under 12 yrs)	\$50
Flower Girl Hair (under 5 yrs)	\$35
Flower Girl Makeup (under 5 yrs)	\$10
Travel Fees:	
Under 50 Miles	\$50
Over 50 Miles	\$.55/mile

Services Order Form

<u>Client</u>	<u>Makeup Application</u>	<u>Hair</u>	<u>Lashes</u>	<u>Price</u>
Bride/Groom	Regular/ Airbrush	<input type="checkbox"/>	Y / N	\$ _____
Groom/Bride	Regular/ Airbrush	<input type="checkbox"/>	Y / N	\$ _____
Mother of Bride	Regular/ Airbrush	<input type="checkbox"/>	Y / N	\$ _____
Mother of Groom	Regular/ Airbrush	<input type="checkbox"/>	Y / N	\$ _____
Bridesmaid	Regular/ Airbrush	<input type="checkbox"/>	Y / N	\$ _____
Bridesmaid	Regular/ Airbrush	<input type="checkbox"/>	Y / N	\$ _____
Bridesmaid	Regular/ Airbrush	<input type="checkbox"/>	Y / N	\$ _____
Bridesmaid	Regular/ Airbrush	<input type="checkbox"/>	Y / N	\$ _____
Bridesmaid	Regular/ Airbrush	<input type="checkbox"/>	Y / N	\$ _____
Bridesmaid	Regular/ Airbrush	<input type="checkbox"/>	Y / N	\$ _____
Bridesmaid	Regular/ Airbrush	<input type="checkbox"/>	Y / N	\$ _____
Bridesmaid	Regular/ Airbrush	<input type="checkbox"/>	Y / N	\$ _____
Other:	Regular/ Airbrush	<input type="checkbox"/>	Y / N	\$ _____
Other:	Regular/ Airbrush	<input type="checkbox"/>	Y / N	\$ _____

Other:

Regular/ Airbrush

Y / N

\$

Other:

Regular/ Airbrush

Y / N

\$

Other:

Regular/ Airbrush

Y / N

\$

Travel Fee:

\$

Total:

\$

COVID-19 RELEASE FORM:

I acknowledge the contagious nature of the COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that Southern Couture Makeup, LLC has put in place preventative measures to reduce the spread of the COVID-19. I further acknowledge that Southern Couture Makeup, LLC cannot guarantee that I will not become infected with the Covid-19. I understand that the risk of becoming exposed to and/or infected by the COVID-19 may result from the actions, omissions, or negligence of myself and others. I voluntarily seek services provided by Southern Couture Makeup, LLC. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I hereby release and agree to hold Southern Couture Makeup, LLC harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with any services received from Southern Couture Makeup, LLC. I understand that this release discharges Southern Couture Makeup, LLC from any liability or claim that I, my heirs, or any personal representatives may have against the business with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Southern Couture Makeup, LLC. This liability waiver and release extends to the business together with all owners, partners, and employees.

Signature: _____ Date: _____

CLIENT PHOTOGRAPHY RELEASE FORM:

For good and valuable consideration herein acknowledge as received, I hereby grant to Southern Couture Makeup, LLC and those acting with their authority and permission, the right and permission to use and publish photographs of me for the purpose of promotion in print and on the web. I hereby waive any right that may have to inspect or approve the final product. I hereby release Southern Couture Makeup, LLC and those acting with their authority and permission from any liability that may occur as a result of publication of said photographs, including without limitation any claims for libel or violation of any right of publicity or privacy. I hereby warrant that I have the right to agree in my own name. I have read the above release, understand and am fully familiar with its contents. This release shall be binding upon me and my heirs, legal representatives and assigns.

Signature: _____ Date: _____

Photographer: _____

MAKEUP ALLERGY AWARENESS FORM AND WAIVER:

Southern Couture only uses premium hypoallergenic makeup products. These products and makeup brushes are kept sanitary and are sanitized between every makeup application.

The Client mentioned in this service contract and party receiving services acknowledges that he/she has or will consult their physician or dermatologist prior to receiving makeup services; will report any skin condition to the makeup artist prior to application, and, if needed, the client will request a sample test of makeup to be performed on the skin to test for any potential adverse reaction prior to a full application of makeup products.

If the Client/member of party has any adverse reactions to any makeup products, the Client/member of party expressly agrees to seek immediate medical treatment for such adverse reaction. The Client/member of party further agrees to release the makeup artist from any liability from all skin complications due to allergic reactions.

Signature: _____ Date: _____

