

## Waiver & Release Form

I, \_\_\_\_\_, authorize \_\_\_\_\_

to perform the semi-permanent eyelash extension procedure. I understand that it is my responsibility to remain still during the entire procedure and to keep my eyes closed unless otherwise advised. I acknowledge that there are certain complications and risks inherent both in the application process and in wearing semi-permanent lashes. I hereby consent to the procedure at my own risk. If at any time I am uncomfortable, I will inform my lash artist. I acknowledge that I have received no guarantees, warranties, promises, and commitments regarding the application process or the products used.

I, the undersigned, hereby fully release, waive, covenant not to sue, agree to hold harmless, and forever discharge my trained professional and trainee from any and all liabilities, demands, claims, losses, injuries or damages, including court costs and attorney's fees and expenses, of any nature arising out of or relating to the application of semi-permanent eyelash extensions.

I understand that I am responsible for any medical treatment I may need to receive as a result of getting this procedure. I accept full responsibility for these and any other complications, which may arise or result during or following the eyelash extension procedure(s), which are to be performed at my request.

I, \_\_\_\_\_, acknowledge that I have read and agree to the provisions, terms, and conditions in the Waiver & Release Form. I agree to assume all risks of injury associated with eyelash extension application, and agree to hold harmless the Trained Professional and /or anyone affiliated with said professional.

Signature \_\_\_\_\_ Date \_\_\_\_\_