

## LASH LIFT WAIVER AND RELEASE FORM

I authorize a \_\_\_\_\_ to perform the Lash Lift procedure. I understand this procedure requires my lashes to be glued to a silicon pad with a water soluble adhesive and lifted onto a silicon pad with a curling agent, a conditioning agent, and nourishing oil. I understand that it is my responsibility to be still during the procedure and to keep my eyes closed during the process unless otherwise advised. I have been fully informed as to the methods and procedures concerning the Lash Lift procedure. The risks of the cosmetic procedure I have chosen have been disclosed to me. Some cases may result in complications such as transient eye redness and irritation and allergic reaction to the products used to lift the lashes and/ or the tape, anti- wrinkle gel patches or black eyelash tint. If at any time I (or the technician) are uncomfortable with the Lash Lift procedure, I will inform the technician and s/he will gladly rectify the problem, including ending the session if I (or the technician) wish. It has been represented to me that no guarantees, warranties, promises, commitments or other statements as to the results of this treatment have been made. I acknowledge that I have no particular representation or guarantees, and I am consenting to the procedure at my own risk. All conditions must be revealed or disclosed by me to the technician regarding my health history, medications being taken and any past reactions to products used or medications taken. Additional conditions could be discovered during the procedure, which could affect my ability to tolerate the procedure.

I herein signed, release, give up, acquit, and discharge my \_\_\_\_\_ professional and or anyone affiliated there to including any partnership, corporations, or company associated with said individual from any claims or damages of any nature. I agree to pay any costs of legal services necessary to affect said release. I further agree that this release shall be in contemplation of any possible damages, either known or unknown at the signing of this release and said damages are specifically waived following the signing of this release. I further agree that in the event any litigation ensues, it shall be placed before the American Arbitration Association or some other such arbitrator for resolution. I agree that in the event a decision is determined in favor of one party over the other, the prevailing party shall be entitled to reasonable attorney fees and costs as set by the arbitrator. I further agree to hold my \_\_\_\_\_ professional harmless and harmless from any and all damages. I release my (your business name) professional from any responsibility for pre-existing conditions I have not revealed or any consequential change to those conditions that arise subsequent to the procedure. I accept full responsibility for these and any other complications, which may arise or result during or following the Lash Lift procedure(s), which are to be performed at my request.

Please read the following statement and sign and date on the line to indicate that you have read the statement and understand it: I, the client herein signed, certify that I have read and had explained to me and fully understand the above waiver and release form. I certify that I have consulted with a \_\_\_\_\_ professional and have read all applicable literature given to me. I have provided information regarding my health and medications taken to the best of my knowledge. I accept the explanation of potential complications and risks described herein. I certify I am of sound mind, and fully understand that there might be other unknown risks not reasonably foreseeable at this time.

I the client herein signed, for the purposes of documentation, hereby consent to "before and after" photographs, which may or may not be used for the purposes of advertising.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address/City/State/Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_