

Lash Lifting/Lash Tinting/Eyebrow Tinting Waiver and Release Form

Name: _____ **DOB:** _____
First Last

How did you hear about us?: Facebook Instagram Google Friend Outside Sign Other: _____

Would you like before and after photos taken?: No Yes (please continue below and **let us know!**)

I give Natural Beauty Skin Care Studio LLC permission to take, publish and/or reproduce photographs of me, my face, and/or my eye area for advertising and other purposes. Initial: _____ Instagram(optional): @ _____

PLEASE READ AND INITIAL IF LASH LIFTING:

- _____ I understand there are risks associated with having a lash lift. I further understand that as part of the procedure, eye irritation, eye itching, discomfort, and in rare cases allergic reaction or infection could occur. You may have a patch test at least 24 hours before your appointment if you wish. I agree that if at any time, I am uncomfortable with the treatment, I will inform the technician and they will gladly rectify the problem, including ending the session.
- _____ I understand and consent to having my eyes closed and covered for the duration of procedure.
- _____ My eyelashes are clean, and free of mascara, makeup, oil and product residue. If you attended your appointment without proper preparation, we cannot guarantee satisfactory results.
- _____ Everyone's lashes are unique and require slightly different processing times and/or curling rod sizes based on coarseness, density, and/or eye shape. If desired results are not achieved, processing times and/or curling rod sizes will be adjusted for future lifts. Because RESULTS VARY and are NOT GAURANTEED, I understand that a refund will not be issued if results are not desired. If for any reason there is an issue that was caused on the technician's behalf, I understand I have **3 days** from the original appointment date to schedule another appointment to fix any issues, which will be free of charge.
- _____ On average, a lash lift lasts 3-9 weeks. High temperatures, makeup, sleeping positions, and skin care products are a few things that can affect the outcome and length of time my lash lift will last. I understand there are no guarantees for the length of time my lash lift will last.
- _____ I understand that this agreement will remain in effect for this procedure and all future lash lift procedures conducted by my technician or any other technician conducting business at Natural Beauty Skin Care Studio LLC

PLEASE READ AND INITIAL IF LASH TINTING/EYEBROW TINTING:

- _____ I understand there are risks associated with having an eyelash and/or eyebrow tint. I further understand that as part of the procedure, eye irritation, eye itching, discomfort, and in rare cases allergic reaction or infection could occur. You may have a patch test at least 24 hours before your appointment if you wish. I agree that if at any time, I am uncomfortable with the treatment, I will inform the technician and they will gladly rectify the problem, including ending the session.
- _____ I understand that, while every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently and the result may not be the color I initially wanted.
- _____ Because RESULTS VARY and are NOT GAURANTEED, I understand that a refund will not be issued if results are not desired. If for any reason there is an issue that was caused on the technician's behalf, I understand I have **3 days** from the original appointment date to schedule another appointment to fix any issues, which will be free of charge.
- _____ I understand there are no guarantees for the length of time my eyelash and/or eyebrow tint will last.
- _____ I understand that this agreement will remain in effect for this procedure and all future eyelash and/or eyebrow tinting procedures conducted by my technician or any other technician conducting business at Natural Beauty Skin Care Studio LLC.

CONTINUED ON OTHER SIDE...

PLEASE READ AND INITIAL IF LASH TINTING:

- _____ I understand and consent to having my eyes closed for the duration of the procedure.
- _____ My eyelashes are clean, and free of mascara, makeup, oil and product residue. If you attended your appointment without proper preparation, we cannot guarantee satisfactory results.
- _____ I will avoid rubbing my eyes for at least 24 hours after my eyelash tinting procedure.

PLEASE READ AND INITIAL IF EYEBROW TINTING:

- _____ My eyebrows are clean, and free of makeup, oil, and product residue. If you attended your appointment without proper preparation, we cannot guarantee satisfactory results.
- _____ I understand that the skin under my brow hair may stay stained for a few days following the brow tint. This will fade and go away within a short time.

I authorize Natural Beauty Skin Care Studio LLC, hereinafter collectively referred to as my "technician" to perform the Lash Lift, Lash Tint, and/or the eyebrow tint hereinafter collectively referred to as the "procedures". I understand it is my responsibility to remain still during the application and to keep my eyes closed during the entire process until otherwise advised. I acknowledge that my technician has explained to me the methods and procedures concerning the "procedures" and that there are certain complications and risks inherent in the process. These risks may include, but are limited to, eye irritation, eye itching, discomfort, and allergic reaction to the adhesive, under-eye patches and other products. Additional conditions could occur or be discovered during or after the "procedures", which could affect my ability to tolerate the "procedures".

I hereby consent to the "procedures" at my own risk. If at anytime I am uncomfortable with the "procedures", I will inform my technician and s/he will use good faith efforts to rectify the problem, including ending the session if I (or my technician) wish. If my technician is uncomfortable doing the "procedures" to me, s/he will discuss his/her concerns with me and may end the session if necessary. I acknowledge that I have received no guarantees, warranties, promises, and/or commitments regarding the application process or the products used or applied therein or other statements as to the results of the "procedures".

I, THE UNDERSIGNED, HEREBY FULLY RELEASE, WAIVE, COVENANT NOT TO SUE, AGREE TO HOLD HARMLESS, AND FOREVER DISCHARGE my technician, Natural Beauty Skin Care Studio, their affiliates, agents employees, officers, directors, independent contractors, and any and all partnerships, corporations, or companies associated with them, from any and all liabilities, demands, claims, losses, injuries, or damages, including court costs and attorneys' fees and expenses, of any nature arising out of or relating to the "procedures", EVEN THOUGH CAUSED IN WHOLE OR IN PART BY A PRE-EXISTING DEFECT, THE NEGLIGENCE (WHETHER SOLE, JOINT, OR CONCURRENT), GROSS NEGLIGENCE, STRICT LIABILITY OR OTHER LEGAL FAULT OF MY TECHNICIAN OF NATURAL BEAUTY SPRAY TANS LLC. IT IS MY EXPRESS INTENT THAT THE ABOVE RELEASE INCLUDES THE RELEASE OF MY TECHNICIAN, NATURAL BEAUTY SKIN CARE STUDIO LLC (INCLUDING THE INDIVIDUALS AND ENTITIES LISTED ABOVE) FROM THE CONSEQUENCES OF THEIR OWN NEGLIGENCE. It is also my express intent that this Waiver and Release Form shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of New Jersey. I further agree that, should I choose to seek the advice of an attorney regarding said release, I will be responsible for any and all costs of legal services that I incur. I agree that this release shall be in contemplation of any possible damages, either known or unknown at the signing of this waiver and release form, and said damages are specifically waived following the signing of this waiver and release form. I further agree that in the event that any dispute that arises out of or relating to the "procedures" and/or terms of this Waiver & Release between me, or anyone acting on my behalf, my technician and/or anyone affiliated with my technician shall be resolved by binding arbitration before the American Arbitration Association. The exclusive venue for arbitration against my technician shall be the city and state in which the technician resides at the time the arbitration is initiated; provided, however, that the should arbitration be initiated against Natural Beauty Skin Care Studio LLC, in addition to or exclusive of my technician, the exclusive venue for such arbitration shall be in Cherry Hill, Camden County, New Jersey. I agree that I will be responsible for and will pay all court costs, arbitration costs, attorneys' fees and expenses, and other associated costs incurred by my technician, Natural Beauty Skin Care Studio LLC in seeking enforcement of this Waiver & Release. I further release my technician from any responsibility for pre-existing conditions I have not revealed, or any consequential change to those conditions that arises subsequent to the "procedures". I understand that I am responsible for any medical treatment I may need to receive as a result of getting the "procedures". I accept full responsibility for these and any other complications, which may arise or result during or following the "procedures", which are to be performed at my request.

I, the undersigned client, certify that I have read and had explained to me and fully understand the above waiver and release form and am signing it voluntarily as my own free act and deed. I certify that I have consulted with a technician and have read all applicable literature given to me. I have completed the Lash Lift/Lash Tint/Eyebrow Tint Waiver and Release Form 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 I am fully capable of executing this waiver and release form for myself. No oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made.

I, the undersigned client, acknowledge and fully understand that there might be other known risks not reasonable foreseeable at this time. I, undersigned client, acknowledge that I have read and agree to the provisions, terms, and conditions provided in the Natural Beauty Skin Care Studio

"Lash Lift/Lash Tint/Eyebrow Tint Waiver and Release Form". I agree to assume all risks of injury associate with the "procedures", and agree to hold harmless the technician and/or anyone affiliated with said professional including, but not limited to, Natural Beauty Skin Care Studio LLC.

Signature: _____ **Date:** _____

FOR TECHNICIAN USE

Date: _____ Technician Initials: _____ Curling Rod Used: []Sugarlash _____ []Elleebana _____
Lashes Color(s): _____ Brows Color(s): _____
Notes: _____

Date: _____ Technician Initials: _____ Curling Rod Used: []Sugarlash _____ []Elleebana _____
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Lashes Color(s): _____ Brows Color(s): _____
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