



# Waiver & Release Form

I authorize my Xtreme Lashes® Trained Professional, \_\_\_\_\_ (Professional Name/Business Name), to perform the semi-permanent eyelash extension procedure. I understand this procedure requires individual synthetic eyelashes to be adhered to my own natural lashes. I understand that it is my responsibility to remain still during the application and to keep my eyes closed during the entire process until otherwise advised. I have been fully informed as to the methods and procedures concerning the semi-permanent eyelash extension application. The known 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 adhesive, under eye gel patches or any other products used. If at any time I am uncomfortable with the eyelash extension procedure, I will inform the stylist and s/he will gladly rectify the problem, including ending the session if I (or the stylist) wish. If the stylist is uncomfortable applying lashes to me, s/he will discuss his/her concerns with me and may end the session if necessary. It has been represented to me that no guarantees, warranties, promises, commitments or other statements as to the results of this service have been made, and I acknowledge that I have received no particular representations or guarantees, and I am consenting to the procedure at my own risk. I have revealed or disclosed on the Client Registration & History Form and the Client Consultation & Design Form all conditions and circumstances regarding my health and health history, medications being taken, and any past reactions to products used or medications taken. Additional conditions may occur or be discovered during or after the procedure, which could affect my ability to tolerate the procedure.

I understand the longevity of my eyelash extensions requires my careful maintenance. I understand basic makeup application and normal lifestyle can resume after the application. However, during the first 3 hours after the application I should avoid replacing contact lenses, water, liquids, steam, excessive heat, and cosmetics (skincare, mascara, etc.) for extended longevity and flexibility of my eyelash extensions. I also understand that even after the first 3 hours, I need to avoid the following activities: excessive swimming, sauna, steam rooms, pulling on lashes, using oil-based, or waterproof cosmetics. Using mechanical curlers or crimping lashes in any way is not recommended while wearing eyelash extensions.

I, as herein signed, release, give up, acquit, and discharge my Xtreme Lashes® Trained Professional or anyone affiliated with my Xtreme Lashes® Trained Professional 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 further effect or confirm 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 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 any litigation ensues, it shall be placed before the American Arbitration Association 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 Xtreme Lashes® Trained Professional and Xtreme Lashes LLC nameless and harmless from any and all damages. I release my Xtreme Lashes® Trained Professional from any responsibility for pre-existing conditions I have not revealed, or any consequential change to those conditions that arises subsequent to the procedure. 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.

Please read, check, sign, and date the statements below and on the following page to indicate that you have read, understand, and accept the following statement:

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 an Xtreme Lashes® Trained Professional and have read all applicable literature given to me. I have completed the Client Registration & History Form and the Client Consultation & Design 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. I, the undersigned client, acknowledge 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.

I, the client herein signed, hereby give Xtreme Lashes, LLC, and its affiliates, the absolute right and unrestricted permission to take, use, and display photographic images of me, through any form of media (print, digital, electronic, broadcast, or otherwise) at any location for art, advertising, media release news articles, marketing, publicity, archival, or any other lawful purpose. I waive any right to royalties or other compensation arising from or related use of photographic images of me. I release and agree to hold harmless Xtreme Lashes, LLC and its affiliates from any liability in connection to taking or using said images. (Optional)

Date: \_\_\_\_\_

Client Full Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_

Address/City/State/Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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