



Eyelash Extension Customer Waiver & Release Form

By signing this Form, the customer is releasing the Lash Stylist and Business, Directors, Officers, Owners, Employees, Agents and Representatives from any and all claims for damages or personal injury arising from the application and use of semi-permanent eyelash extensions.

I authorize Megan Baker (Lash Stylist) and Essentials Massage and Facial Spa of Wesley Chapel (Business Name) to provide and apply semi-permanent eyelash extensions. In order to minimize risk of eye injury, I understand that it is my responsibility to lie completely still for the entire eyelash extension procedure or until otherwise directed by the Lash Stylist. I have been fully informed regarding the methods and procedures used in the application of semi-permanent eyelash extensions. All risks and potential complications, including but not limited to redness, irritation, and allergic reactions to either the adhesive and or eye pads, have been fully disclosed to me. I certify that I understand these risks and potential complications, and that I knowingly and voluntarily consent to the application of semi-permanent eyelash extensions.

If at any time I feel uncomfortable during the lash procedure, I agree to immediately notify the Lash Stylist. The Lash Stylist will seek to remedy the problem, including ending the session if it is deemed prudent. I acknowledge that no guarantees or promises regarding the appearance or longevity of the lash extensions have been made. I hereby certify that I have disclosed all conditions regarding my health history, medications and past reactions to products, treatments and medications in connection with the Confidential Client Profile and Consultation Form.

___ ☐ (Initial)

I certify that I understand and agree to comply with the following instructions with respect to the care of my lash extensions:

As a reminder; to allow the adhesive to fully cure, avoid getting the lashes wet for the initial 24 hours following your appointment. Every time you touch your lashes, you are transferring natural oils and germs - minimize contact. Oils & oil based products will affect the adhesion, causing the lashes to fall out prematurely. **Only water-based (oil free) products are approved.**

Every 30-45 days approximately 1/3 of your natural lashes fall out. As each lash sheds, a new lash is replacing the old. During this time, general maintenance is needed to keep your lashes looking full and natural.

___ ☐ (Initial)

I, therefore, understand that I will need regular touch-up appointments (every 2-4 weeks) to keep my lashes looking beautiful. I understand that variables, including the natural lash cycle and customer care, will influence the longevity of eyelash extensions.

___ ☐ (Initial)

BY SIGNING THIS CUSTOMER WAIVER AND RELEASE AGREEMENT, I THE CLIENT NAMED BELOW CERTIFY THAT I KNOWINGLY AND VOLUNTARILY RELEASE Megan Baker (LASH STYLIST) AND Essentials Massage and Facial Spa of Wesley Chapel (BUSINESS NAME) AND ITS DIRECTORS, OFFICERS, OWNERS, EMPLOYEES, AGENTS AND REPRESENTATIVES FROM ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY ARISING FROM THE APPLICATION AND USE OF SEMI-PERMANENT EYELASH EXTENSIONS, INCLUDING ANY DAMAGES RELATING TO KNOWN OR UNKNOWN. COMPLICATIONS WHICH MAY ARISE DURING OR FOLLOWING THE APPLICATION PROCESS INCLUDING BUT NOT LIMITED TO CLAIMS FOR NEGLIGENCE. I FURTHER RELEASE AND HOLD HARMLESS Megan Baker (LASH STYLIST) AND Essentials Massage and Facial Spa of Wesley Chapel (BUSINESS NAME) FROM ANY CLAIMS RELATING TO PREEXISTING CONDITIONS I HAVE NOT REVEALED OR CHANGES TO THOSE CONDITIONS SUBSEQUENT TO THE PROCEDURE.

I AGREE THAT ANY DISPUTES BETWEEN Megan Baker (LASH STYLIST) AND/OR Essentials Massage and Facial Spa of Wesley Chapel (BUSINESS NAME), SHALL BE SETTLED BY ARBITRATION ADMINISTERED BY THE AMERICAN ARBITRATION ASSOCIATION IN ACCORDANCE WITH ITS COMMERCIAL ARBITRATION RULES, AND JUDGMENT ON THE AWARD RENDERED BY THE ARBITRATOR(S) MAY BE ENTERED IN ANY COURT HAVING JURISDICTION THEREOF. THE PREVAILING PARTY SHALL BE ENTITLED TO REASONABLE ATTORNEY FEES AND ARBITRATION COSTS INCURRED IN CONNECTION WITH ENFORCING THIS AGREEMENT.

___ ☐ (Initial)

I, _____ (“Client”) certify that I have read and fully understand this Customer Waiver & Release Agreement. I further certify that I have completed the New Client Information accurately and completely to the best of my knowledge, and that I understand the potential complications and risks described herein. I hereby authorize Megan Baker (Lash Stylist) and Essentials Massage and Facial Spa of Wesley Chapel (Business Name) to provide and apply semi-permanent eyelash extensions to my own natural lashes, in accordance with the terms and conditions set forth in this Customer Waiver and Release Agreement.

Date: _____

(Signature of Client)

(Address)

