

Waiver of Liability

I _____ Authorize
_____ to apply eyelash extensions to
myself. On this _____ day of
_____ 20 ____ and future eyelash extension services.

By signing below, I am agreeing to the following:

I understand the because of the natural lash cycle and what and tear, I will need to maintain my extensions with touch up appointments usually recommended about every 2 to 3 weeks to keep them full.

I understand the aftercare instructions. I understand to keep my eyes closed throughout the process as tearing can cause the lashes to bond together rather than one on one . I hereby release any and all persons representing this Lash Studio from all claims, demands, damages, actions the case of actions arising out of the performance of the service. I give consent for photographs to be taken of my lashes and used for the lash studio us YES Or NO (Please Circle)

I certify that I Completely Understand and comply with the above as stated.

Name Print _____ Signature

_____ Date: _____