

## HAUS OF LASHES & BEAUTY

## **Client Consent Form**

(Revised 12/01/2021)

I, the undersigned \_\_\_\_\_\_ (Please Print Client Name), Consent to have synthetic eyelash extensions attached to my natural eyelashes, by Haus of Lashes & Beauty, collectively herein referred to as the Service Provider. The service and its associated rest have been explained to me by the Service Provider in terms that I understand the explanation included:

- The nature of benefit of the services and how the services will be performed
- The most frequently occurring risk of services, and those risk which are unlikely to occur but which may involve serious consequences including but not limited to the risk of experiencing an allergic reaction to the adhesive of material used to attach the eyelash extension to my natural lash, irritation, redness, swelling in loss of natural eyelashes, Bacterial and fungal infection

(Client Initials) I was given the opportunity to ask the Service Provider any questions I have regarding the services and I have had those questions answered to my satisfaction. based on the foregoing, I hereby assume all of the risk associated with the services whether known or unknown including but not limited to, the risk of personal injury or property damage as consideration for Service Provider performing the service I forever release Service Provider and his or her respective employees, contractors, representatives, landlords and successors from any and all actions, claims, or demands that I, my assignees , heirs , Next of kin, spouse, personal representatives and legal representatives now have, or may have in the future, for injury, death, or personal damage, in any way related to service.

\_\_\_\_\_ (Client Initials) I grant the Service Provider permission to reproduce, publish, distribute or otherwise use in any reasonable manner my name photographs, lightness and statements, including but not limited to, before and after pictures of my eyes and eyelashes in connection with the promotion of my services or products used in the service in all media including without limitation the Internet advertising or other electronic or printed materials.

I have read and agree to the terms and conditions of the service as stated above.

Client Name: (Please Print)

Client Signature: \_\_\_\_\_

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