



Customer Waiver and Liability Release Form

I authorize BZS Lash and Beauty Studio 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 stylist. I have been fully informed regarding the methods and procedures used in the application of semi-permanent eyelash extensions. All risk and potential complications including but not limited to redness irritation and allergic reactions to either the adhesive 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 by the lash stylist. I acknowledge that no guarantees or promises regarding the appearance of longevity of the lash exemptions have been made. I hereby certify that I have disclosed all conditions regarding health history, medications, and past reactions to products, treatments and medications I am currently on or recently using.

I agree to use only recommended products on my lash extensions and fully understand that careful maintenance is also required. _____ (Initial)

I agree to the following

- Not getting lashes wet for the first 24 hours or so
- Avoid pools or steam from showers, saunas and sunbeds for the first 48 hours following application
- I certify that I understand and agree to comply with instructions with respect to care of the extensions
- Avoiding oil based skincare, mascara, and cleaning products. Only water based are approved and recommended.
- Keeping fingers off your lashes. Every time you touch them you are transferring natural oil and GERMS. This could interfere with the adhesive bond with disastrous results.
- Brushing your lashes with the mascara wand provided during appointment preferably right after a shower, and throughout the day.
- Caution is recommended when having services such as laser chemical peels hydroxyl treatments, or any other acidic substances applied to your face. _____ (Initial)

I understand that the natural lash cycle is sixty to ninety days. When one lash falls out there is another lash that is growing in. Therefore, I understand that there will need to be regular fills every two to five weeks, two weeks being ideal to keep my lashes looking beautiful. I also

understand at all times anything under fifty percent fullness may be subject to full set charges. At the discretion of the lash stylist. _____ (Initial)

I allow permission for photos to be used on social media for advertising purposes. _____ (Initial)

By signing this customer waiver and liability release agreement I the client named below certify that I knowingly and voluntarily release BZS Lash and Beauty Studio and its directors, officers, owners, employees, agents, and representatives from any and all claims for damages for the personal injury arising from and following the application and use of services rendered, including but not limited to claims for negligence. I further release BZS Lash and Beauty Studio from any claims relating to pre-existing conditions I have not revealed or changes to those conditions subsequent to the procedure.

____ (Initial)

I agree that disputes between BZS Lash and Beauty Studio shall be settled in arbitration administered by the arbitration association in accordance with its commercial arbitration rules and judgement on the award by arbitrator may be entered in any court having jurisdiction thereof the prevailing. _____ (Initial)

The party shall be entitled to reasonable attorney fees and arbitration costs incurred in connection with enforcing this agreement _____ (Initial)

I understand there are no refunds offered for services provided _____ (Initial)

I _____ (Client) certify that I have read and fully understand customer waiver and release agreement. I further verify that I have completed this form to the best of my ability and that I understand the potential complications and risks described herein. I hereby authorize BZS Lash and Beauty Studio to provide and apply semi-permanent lashes to my natural lashes, in accordance with the terms and conditions in this agreement.

Date

Print Name

Sign Name

Phone Number