

# LASH SERVICE CONSENT AND RELEASE FORM

Location: \_\_\_\_\_ Customer Name: \_\_\_\_\_

## Lash Service Provider Information:

Business Name: \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

## Client Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Consent and Release Terms:

I hereby request and consent to the application of eyelash extensions by the Lash Service Provider. I acknowledge that I have been informed of the nature of the procedure, the potential risks, including but not limited to irritation, allergic reaction, infection, or damage to my natural lashes, and the recommended aftercare procedures. I fully understand that results may vary and no guarantees are made regarding the outcome.

I confirm that I do not have any eye infections, allergies, or medical conditions that would contraindicate this procedure. I have disclosed all relevant medical information to the Lash Service Provider. I agree to notify the provider immediately if I experience any adverse reactions.

I voluntarily release, discharge, and hold harmless the Lash Service Provider, its employees, agents, and representatives from any and all claims, demands, or causes of action arising out of or related to the eyelash extension service, including but not limited to personal injury, property damage, or loss. This release is binding to the fullest extent permitted by law.

I agree to pay all fees associated with the eyelash extension services rendered, and understand that payment is due at the time of service. Refunds or adjustments are at the sole discretion of the Lash Service Provider.

All personal information collected during the provision of services will be maintained confidentially and handled in accordance with applicable privacy laws.

This Consent and Release Form shall be governed by and construed in accordance with the laws of the United States and the applicable state laws where the service is provided, without regard to conflict of law principles. Any disputes arising shall be subject to the exclusive jurisdiction of the courts located within the applicable state.

If any provision of this Agreement is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

This Consent and Release Form constitutes the entire agreement between the parties with respect to the eyelash extension services and supersedes all prior agreements or understandings, whether written or oral.

**CLIENT'S SIGNATURE**

**LASH SERVICE PROVIDER'S SIGNATURE**

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

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

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