

Dolce Blu

Waiver and Release Form

____ I authorize my Dolce Blu Lash Stylist to perform semi-permanent synthetic lashes to be glued to my own natural lashes. I understand that it is my responsibility to be still during the application and to keep my eyes closed during the entire process until otherwise advised. I have been fully informed as to the methods and procedures concerning the semi-permanent cosmetic procedure. The risks of the cosmetic procedure I have chosen have been disclosed to me. Some cases may result in complications such as transient eye redness and irritation and allergic reaction to the adhesive applied and/or to the gel pads. If at any time I or The Lash Stylist are uncomfortable with the eyelash extension procedure, I will inform the technician and s/he will gladly rectify the problem, including ending the session. It has been represented to me that no guarantees, warranties promises, commitments or other statements as to the results of this treatment have been made, and I acknowledge that I have received no particular representations or guarantees, and I am consenting to the procedure at my own risk. I have revealed or disclosed on the Confidential Client Profile all condition and circumstances regarding my health and health history, medications being taken and any past reactions to products used or medications taken and any past reactions to products used or medications taken. Additional conditions could occur or be discovered during the procedure, which could affect my ability to tolerate the procedure.

____ I understand the duration of my lash requires my careful maintenance. I understand that not to affect the drying process of the adhesive, I need to avoid waterproof mascara, excessive rubbing, wetting the lashes within 24 hours of full sets or fills, excessive swimming, sauna, steam rooms, pulling on lashes, use of oil-based eye make-up removers and other products used on the face, use of mechanical eyelash curlers or crimping eyelashes in any way.

____ I, as, here in signed, release, give up, acquit, and discharge my Dolce Blu trained professional or anyone affiliated with my Dolce Blu Trained Professional including any partnership, corporations, or company associated with said individual from any claims or damages of any nature. I agree to pay any costs of legal services necessary to further effect or confirm said release. I further agree that in the event of any litigation ensues; it shall be placed before the American Arbitration Association for resolution. I agree that in the event a decision is determined in favor of one party or another, the prevailing party shall be entitled to reasonable attorney fees and costs by the arbitrator. I further agree to hold my Dolce Blu Professional and Dolce Blu nameless and harmless from all damages. I release my Dolce Blu Trained Professional from any responsibility for pre-existing conditions I have not revealed, or any consequential change to those conditions and arise subsequent to that procedure. I understand that I am not fully responsible for any medical treatment I may need to receive as a result of getting this procedure. I accept full responsibility for these and any other complications, which may arise as a result during or following eyelash extensions procedure(s), which are to be performed at my request.

____ I understand that Dolce Blu is not responsible for any medical expenses caused by eyelash extensions, including lashes falling into the eyes.

Please read the following statement and sign and date on the line to indicate that you have read, understand and accept the following statement.

____ I, the client herein signed, certify that I have read and had explained to me and fully understand the above waiver and release form. I certify that I have consulted with a Dolce Blu Professional and have read all applicable literature given to me. I accept the explanation of potential complications and risk described herein. I certify that I am of sound mind, and I am fully capable of executing this waiver and release form of myself. I, the undersigned client, acknowledge and fully understand that there might be unknown risks not reasonably foreseeable at this time. I, the undersigned client, for the purpose of documentation, hereby consent to "before and after" photographs, which may or not be used for the purpose of advertising.

Name _____ Signature _____ Date _____

Address _____

Cell Phone Number _____ Work _____

Email _____ D.O.B. _____

How did you hear about us? _____

Parent or Legal Guardian Signature _____ Date _____