



# ALLURE LASHES

and beauty lounge

Registration Form Guest Name: \_\_\_\_\_ Date: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Best Tel #: \_\_\_\_\_ Is this your cell, home or work #

Alternate Tel #: \_\_\_\_\_ Is this your cell home or work #

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

Birthday: \_\_\_\_\_ Occupation: \_\_\_\_\_ Sex: Female \_\_\_ Male \_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Tel: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

If someone referred you, please let us know who to thank: \_\_\_\_\_

## **Waiver & Release Form**

I authorize ALLURE LASHES LLC and its stylists and technicians to perform any and/or all of the following services for which I have made an appointment: eyelash extensions, eyelash tinting, eyebrow tinting, waxing, eyelashes lift and spray tan.

Eyelash and Eyebrow Services: I understand that it is my responsibility to remain still and keep my eyes closed during the entire application process until otherwise advised. I have been fully informed regarding the methods, procedures and risks concerning my service(s). The known risks of the cosmetic procedure(s) I have chosen have been disclosed to me. Some cases may result in complications-the risks include, but are not limited transient eye redness, irritation and allergic reaction to the adhesive, under eye gel patches and/or any other products used, and temporary eyelash loss as a result of improper post-application care. I hereby consent to the procedure at my own risk. If at any time I am uncomfortable with the procedure, I will inform my stylist and she/he will use good faith efforts to rectify the problem, including ending the session if I or the stylist wish. If my ALLURE LASHES Artist is uncomfortable performing the service(s) on me, she/he will discuss his/her concerns with me and may end the session if necessary. I acknowledge that I have received no guarantees, warranties, promises, and/or commitments regarding the application process or the products used or applied therein or other statements as to the results of the service(s). I understand that the application of Extensions requires the following: individual synthetic eyelashes will be glued to my own natural eyelashes. I have revealed or disclosed on the Client Registration and History Form all conditions and circumstances regarding my health and history, medications being taken and any past reactions to products used or medications taken. Additional conditions could occur or be discovered during or after the procedure, which could affect my ability to tolerate the procedure. I understand the longevity of my Extensions requires my careful maintenance. I understand that may take up to 48 hours for the adhesive to cure (dry) thoroughly and that the following activities should be avoided, as they will interfere with this curing process, resulting in a weaker bond, premature lash extension loss, and /or irritation: showering; exposure to heat, steam, sauna, and friction; application of eye and eyelash cosmetics; sleeping on the side or stomach; receiving chemical treatments; and receiving irritating eye-area treatments. I also understand that even after the first 48 hours after application, I need to avoid excessive swimming, sauna, steam rooms, pulling on lashes, using oil-based or waterproof cosmetics, and using mechanical curlers or crimping lashes in any way. I understand that failure to follow these instructions may cause irritation, reaction, eyelash loss, and other side effects described in this form. I understand that the eyelash extension application risks and the post-application care and maintenance described herein apply equally to the initiation application and subsequent touch-up applications.

Waxing Services: I have been fully informed regarding the methods, procedures and risks concerning my service(s). The known risks of the service(s) I have chosen have been disclosed to me. I understand that waxing and/or threading may result in trauma and or reactions (scabbing, redness, bruising, pimples, ingrown hairs, and allergic reactions to products applied before, during or after the service) and relieve the technician and ALLURE LASHES LLC of any liability as a result. Further, there are many products and procedures which can cause the skin to become more sensitive and susceptible to injury; these include but are not limited to: Accutane, Retin-A, Glycolic Lactic, Hydroquinone, Tetracycline, Renova, Salicylic Acid, Topical Cortisone, Other Skin Sensitizers. Chemical Peels, Laser Resurfacing, Microdermabrasion, Removal of Skin Cancer, Any other

Major Exfoliation or Skin Sensitizing Procedure. I understand that it is my responsibility to notify my technician if I am taking or have taken any medications in the past 5 weeks or have had any procedures performed on me in the past 12 weeks which may cause my skin to become more sensitive and/or prone to injury.

Spray Tan: I have been fully informed regarding the methods, procedures and risks concerning my service(s). I understand that the ingredients and materials used during service could cause allergic reactions and/or temporary discoloration of the skin. Further, I understand that the spray tan can take up to 8 hours to set, so I should not bathe or partake in activities which cause excessive sweating. The solution does provide an immediate bronzing effect which is the result of a coloring additive in the solution that will remain on the skin until it is washed off. When you shower, the coloring will come off to reveal your actual tan beneath. While the solution will wash out of most clothing, it is best to wear dark, loose fitting cotton clothing to minimize friction/disruption to the tanning process and reduce the potential staining of the clothing. Spray tanning is accomplished by application of a solution containing the active ingredient: DHA (Dihydroxyacetone). DHA is considered to be safe and has been FDA approved ONLY if you follow guidelines to protect mucous membranes. The FDA advises the following questions when considering the application of DHA by spraying or misting: -Are you protected from exposure in the entire area of the eyes, in addition to the eyes themselves? Are you protected from exposure on the lips and all parts of the body covered by mucous membrane? Are you protected from internal exposure caused by inhaling or ingesting the product? If the answer to any of these questions is "no" you are not protected from the unapproved use of DHA. You should request measures to protect your eyes and mucous membranes and prevent inhalation. I understand that ALLURE LASHES LLC provides barrier creams for the lips and body, hair nets, nose plugs, eye protective covers, bra covers and bikini covers. I acknowledge that all of these have been made accessible to me in order to protect parts of the body covered by mucous membrane. I understand that all people are different. All ingredients used in this procedure are intended for cosmetic use and generally regarded as safe. There are, however, occasions where individuals may be allergic to one or more ingredients in the spray tan solution. Please read the ingredients if you have any known allergies. Be advised that there is a small percentage of people whose skin may not react favorably to spray tanning. For this reason, we do NOT advise being sprayed for the first time when your appearance is critical (wedding/special occasions). Caution: Pregnant or nursing women should consult their physician before using. Warning: This product does not contain a sunscreen and does not protect against sunburn. Repeated exposure of unprotected skin to U.V. light may increase the risk of skin aging, skin cancer, and other harmful effects to the skin even if you do not burn. I have been provided with spray tan care instructions, which I have read and understand completely. To my knowledge, I have no medical condition or allergy which would preclude me from having this procedure done. I have been honest and accurate about the information that I have provided on this waiver. I take sole responsibility for any reaction I may have, staining of clothing and or/personal belongings. I hereby relieve the technician and ALLURE LASHES LLC of any liability as a result.

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PLEASE READ, SIGN AND DATE AT THE BOTTOM INDICATING THAT YOU HAVE READ, UNDERSTAND AND AGREE TO THIS WAIVER AND RELEASE FORM.

I certify that I have read all applicable literature given to me. I acknowledge and fully understand that there might be other unknown risks not reasonably foreseeable at this time. I agree to assume all risks of injury associated with the service(s) I receive at ALLURE LASHES LLC and agree to hold harmless the ALLURE LASHES stylist and/or anyone affiliated with said professional. I understand that it is my responsibility to notify the Front Desk and my stylist anytime that pertinent information changes which could affect the outcome of my service. This includes changes in my lifestyle habits, medications, procedures, etc which could affect the outcome of my service(s). I understand that ALLURE LASHES LLC may take photographic images of me which may be used for internal purposes. I understand that this is a quality control measure and that ALLURE LASHES LLC reserves the right to refuse service if I am not willing to consent to ALLURE LASHES LLC taking and storing these images. I understand that, unless I express in writing otherwise, ALLURE LASHES LLC may also use my image for marketing purposes and that I waive any right to royalties or other compensation arising from or related to the use of photographic images of me.

I, THE UNDERSIGNED, HEREBY FULLY RELEASE, WAIVE, COVENANT NOT TO SUE, AGREE TO HOLD HARMLESS, AND FOREVER DISCHARGE ALLURE LASHES LLC, as well as their affiliates, agents, employees, officers, directors, independent contractors, and any and all partnerships, corporations, or companies associated with them, from any and all liabilities, demands, claims, losses, injuries, or damages.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE FORM IN ITS ENTIRETY AND I AM SIGNING IT VOLUNTARILY AS MY OWN FREE ACT AND DEED.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_