
Eyelash Extension Procedure Liability Waiver

Client Name: asad majeed

Client Phone: 1234567890

Procedure to be Performed: Eyelash Extension Application

As a client of Elegant Lashes by Katie LLC, I acknowledge and fully understand the risks involved in receiving eyelash extension procedures. I hereby agree to the following terms and conditions:

1. Procedure Description and Risks: I understand that the procedure involves the application of individual synthetic eyelashes to my natural eyelashes using a specialized adhesive. Risks associated with the procedure may include, but are not limited to, eye irritation, eye pain, discomfort, and, in rare cases, temporary or permanent eyelash loss or eye injury.

2. Health Conditions: I confirm that I have disclosed any known allergies, skin sensitivities, eye conditions, or medical conditions that may affect my suitability for the eyelash extension procedure.

3. Aftercare and Instructions: I agree to follow all aftercare instructions provided by Elegant Lashes by Katie LLC to minimize potential risks and complications.

4. No Guarantees: I acknowledge that results vary per individual, and there are no guarantees regarding the outcome of the procedure.

5. Consent to Procedure: I consent to the eyelash extension application procedure and accept responsibility for my decision to undergo this procedure.

6. Release of Liability: I hereby release Elegant Lashes by Katie LLC, its employees, and agents from all liabilities, claims, damages, or demands arising from or related to the eyelash extension procedure, except for instances of gross negligence or willful misconduct.

7. Acknowledgment of Understanding: I have read this waiver and fully understand its contents. I am aware that by signing this waiver, I am waiving certain legal rights, including the right to sue.

Signed by:

A handwritten signature in black ink, appearing to read 'ASAD MAJEED', written in a stylized, cursive-like font.