



6 CENTURY HILL DRIVE, SUITE 5 LATHAM, NY
(518)213 -7006

LASH LIFT SERVICE AGREEMENT CONSENT, RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, the undersigned _____, consent to have my natural eyelashes lifted / permed (the "Service") by and his/her/its staff assistants, contractors and employees with *DiaBeauty Co. LLC*. The Service and its associated risks have been explained to me by the Service Provider in terms that I understand. The explanation included:

- The benefits of the Service;
- The nature of the Service and how the Service will be performed;
- The types of materials and products used during the Service;
- The most frequently occurring risks of the Service, and those risks which are unlikely to occur but which may involve serious consequences, including but not limited to the risk of experiencing
 - (a) Blepharitis and its associated symptoms
 - (b) An allergic reaction to the perming cream used to perm my natural eyelashes
 - (c) Traction Alopecia and its associated symptoms
 - (d) An eye injury due to perming cream falling on or into the eye
 - (e) An eye or other injury occurring during the performance of the Service
- How to properly care for my eyelashes that were permed; and
- How often I should expect to need to repeat the Service and the best methods for caring for my eyelashes.

I was given the opportunity to ask the Service Provider any questions I have regarding the Service and I have had those questions answered to my satisfaction. Based on the foregoing, I hereby assume all of the risks associated with the Service, whether known or unknown, including, but not limited to, the risk of personal injury or property damage. As consideration for Service Provider performing the Service, I forever release Service Provider and his/her/its respective directors, officers, members, managers, employees, agents, contractors, attorneys, representatives, successors and assigns from any and all actions, claims, or demands that I, my assignees, heirs, next of kin, spouse, personal representatives and legal representatives now have, or may have in the future, for injury, death, or property damage, in any way related to the Service.

By initialing at the end of this paragraph, I grant Service Provider permission to reproduce, publish, distribute or otherwise use in any reasonable manner my name, photograph, likeness and statements, including, but not limited to, before and after pictures of my eyes and eyelashes in connection with the promotion of the Service or the products used in the Service (or other similar services and products) in all media, including without limitation, the internet, news articles, advertisements, or other electronic or printed materials. If my initials are not present at the end of this paragraph, then the above-described permission has not been granted. INITIALS: _____.

SERVICE PROVIDER: _____

CUSTOMER PRINTED NAME: _____

CUSTOMER SIGNATURE: _____

DATE: _____