



6 CENTURY HILL DRIVE SUITE 5,
LATHAM NY, 12110
(518)213-7006

EYELASH & EYEBROW TINT
CONSENT, RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, the undersigned _____, consent to have TINT applied to my natural eyelashes and eyebrows (the "Service") by and his/her/its staff assistants, contractors and employees at *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 tint 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 tint material used to color my natural eyelashes and eyebrows
 - (c) Traction Alopecia and its associated symptoms
 - (d) an eye injury due to tint falling on or into the eye
 - (e) an eye or other injury occurring during the performance of the Service
- How to properly care for the tint applied during the Service; and
- How often I should expect to need to repeat the Service and the best methods for caring for the tint after the Service is performed; and
- Factors that affect retention of tint color in eyebrows or 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 *DiaBeauty Co. LLC* 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.

SERVICE PROVIDER _____

CUSTOMER PRINTED NAME _____

CUSTOMER SIGNATURE _____

DATE _____