

**Eye Lash & Eye Brow Release Form
Eyelash & Eyebrow Tinting**

Print

Name: _____ **Phone #:** _____

The undersigned acknowledges that our professional Technician has explained the nature of the above-noted treatment procedure hereby consent our professionals to perform the above-noted treatment procedure on me. I also understand this procedure is a semi permanent tint. In consideration of their doing so, I hereby and forever discharge Suzi's Skin & Nail Care Studio, its officers and employees of and from all claims, demands, damages, actions and cause of actions arising out of the performance of the said treatment procedure, which I, my heirs, executors, administrators, or assigns can, shall or may have, being of sound mind and body, I hereby release all persons representing Suzi's Skin & Nail Care Studio, from all responsibility.

I accept, all responsibility myself for any consequences that might stem from my decision to have eye lash and/or brow tinting work done. I agree that these waivers also pertain to and are designed to protect any and all established where Suzi's professionals conduct business.

☐ I choose to have this service done without a patch test.

☐ I have received my patch test 48 hours prior to this application of tinting and I'm not allergic. I release Suzi's Skin & Nail Care Studio from any and all damages that may results from this service.

I Witness whereof; This _____ **day of** _____ **2018.**

Client's Signature

Technician's Signature