

Suzi's Skin Care Studio LLC.

Eyelash & Eyebrow Tinting Release Form

Name

Date

Address

City/State

Zip

Contact #

Email

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 understand this procedure is a semi permanent tint. In consideration of their doing so, I hereby and forever discharge Suzi's Salon, Spa & Wellness of 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. I, my heirs, executors, administrators, or assigns, shall or may have, being of sound mind and body, I hereby release all persons representing Suzi's Salon, Spa & Wellness from all responsibility.

I accept all responsibility myself for any consequences that might stem from my decision to have eyelash and or eyebrow 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 Salon Spa & Wellness from any and all damages that may results from this service.

Client's Signature

Technician's Signature