Waiver Form, Continued

☐ I, the client herein signed, hereby give Xtreme Lashes, LLC and its affiliates, the absolute right and unrestricted permission to take, use, and display photographic images of me, through any form of media (print, digital, electronic, broadcast, or otherwise) at any location for art, advertising, media release news articles, marketing, publicity, archival, or any other lawful purpose. I waive any right to royalties or other compensation arising from or related use of photographic images of me. I release and agree to hold harmless Xtreme Lashes, LLC and its affiliates from any liability in connection to taking or using said images. (Optional)

Date:_____

Client Full Name:_____ Client Signature:_____

Address/City/State/Zip Code:_____

Email:_____

Home Phone Number:_____ Cell Phone Number: _____

Signature Page:

I, _____ acknowledge that I have read and agree to the provisions, terms, and conditions provided in the Xtreme Lashes, LLC Waiver and Release Form. I agree to assume all risks of injury associated with eyelash extension application, and agree to hold harmless the Xtreme Lashes Trained Professional and/or anyone affiliated with said professional including, but not limited to, Xtreme Lashes, LLC.

Signature_____ Date_____

Signature_____ Date_____

Signature_____ Date_____

Signature_____ Date_____

Signature_____ Date_____

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Signature_____ Date_____

Signature_____ Date_____

Signature_____ Date_____

Signature_____ Date_____

Signature_____ Date_____

by Jo Mousselli
XTREME LASHES®

Waiver & Release Form

I authorize my Xtreme Lashes® Trained Professional, _____ (Professional Name/Business Name), to perform the semi-permanent eyelash extension procedure. I understand this procedure requires individual synthetic eyelashes to be glued to my own natural lashes. I understand that it is my responsibility to remain still during the application and to keep my eyes closed during the entire process until otherwise advised. I have been fully informed as to the methods and procedures concerning the semi-permanent eyelash extension application. The known risks of the cosmetic procedure I have chosen have been disclosed to me. Some cases may result in complications, such as transient eye redness and irritation and allergic reaction to the adhesive, under eye gel patches or any other products used. If at any time I am uncomfortable with the eyelash extension procedure, I will inform the stylist and s/he will gladly rectify the problem, including ending the session if I (or the stylist) wish. If the stylist is uncomfortable applying lashes to me, s/he will discuss his/her concerns with me and may end the session if necessary. It has been represented to me that no guarantees, warranties, promises, commitments or other statements as to the results of this service have been made, and I acknowledge that I have received no particular representations or guarantees, and I am consenting to the procedure at my own risk. I have revealed or disclosed on the Client Registration & History Form and the Client Consultation & Design Form all conditions and circumstances regarding my health and health history, medications being taken and any past reactions to products used or medications taken. Additional conditions could occur or be discovered during or after the procedure, which could affect my ability to tolerate the procedure.

I understand the longevity of my eyelash extensions requires my careful maintenance. I understand basic make-up application and normal lifestyle can resume after the application. However, during the first 3 hours after the application I should avoid replacing contact lenses, water, liquids, steam, excessive heat, and cosmetics (skincare, mascara, etc.) for extended longevity and flexibility of my eyelash extensions. I also understand that even after the first 3 hours, I need to avoid the following activities: excessive swimming, sauna, steam rooms, pulling on lashes, using oil-based or waterproof cosmetics. Using mechanical curlers or crimping lashes in any way is not recommended while wearing eyelash extensions.

I, as herein signed, release, give up, acquit and discharge my Xtreme Lashes® Trained Professional and/or anyone affiliated with my Xtreme Lashes® Trained Professional including any partnership, corporations or company associated with said individual from any claims or damages of any nature. I agree to pay any costs of legal services necessary to further effect or confirm said release. I further agree that this release shall be in contemplation of any possible damages, either known or unknown at the signing of this waiver and release form, and said damages are specifically waived following the signing of this waiver and release form. I further agree that in the event any litigation ensues, it shall be placed before the American Arbitration Association for resolution. I agree that in the event a decision is determined in favor of one party over the other, the prevailing party shall be entitled to reasonable attorney fees and costs as set by the arbitrator. I further agree to hold my Xtreme Lashes® Trained Professional and Xtreme Lashes LLC nameless and harmless from any and all damages. I release my Xtreme Lashes® Trained Professional from any responsibility for pre-existing conditions I have not revealed, or any consequential change to those conditions that arises subsequent to the procedure. I understand that I am responsible for any medical treatment I may need to receive as a result of getting this procedure. I accept full responsibility for these and any other complications, which may arise or result during or following the eyelash extension procedure(s), which are to be performed at my request.

Please read the following statement and sign and date on the line to indicate that you have read, understand and accept the following statement:

☐ I, the client herein signed, certify that I have read and had explained to me and fully understand the above waiver and release form. I certify that I have consulted with an Xtreme Lashes® Trained Professional and have read all applicable literature given to me. I have completed the Client Registration & History Form and the Client Consultation & Design Form to the best of my knowledge. I accept the explanation of potential complications and risks described herein. I certify I am of sound mind, and I am fully capable of executing this waiver and release form for myself. I, the undersigned client, acknowledge and fully understand that there might be other unknown risks not reasonably foreseeable at this time. I, the client herein signed, for the purposes of documentation, hereby consent to "before and after" photographs.

by Jo Mousselli
XTREME LASHES®

Registration & History Form

Client Name: _____ **Date:** _____

Address: _____ _____

City: _____ **State:** _____ **Zip:** _____

Home #: _____ **Business #:** _____ **Cell #:** _____ **Fax #:** _____

Email: _____

Facebook Account: _____ **Twitter Name:** _____

How may we contact you regarding scheduled appointments or specials? Check all that apply:

❑ Text message ❑Email ❑Home phone ❑Mobile phone ❑ Business phone

When do you prefer to be contacted? ❑Morning ❑Afternoon ❑Evening

Birthday: _____ **Anniversary:** _____

Sex: ❑Female ❑Male **Age:** _____ **Occupation:** _____

Emergency contact name: _____

Emergency contact phone #: _____ **Relationship to you:** _____

How did you hear about us? _____

Name of person who referred you: _____ **Phone:** _____

Question	Y	N	Date & Frequency	Adverse Reactions? *Describe symptoms*	Stylist Notes
1. Have you received eyelash extensions before?	❑	❑			
2. Have you had eyelash extensions removed?	❑	❑			
3. Have you used under eye gel patches before?	❑	❑			
4. Have you had permanent cosmetics applied to your eye area?	❑	❑			
5. Do you wear glasses?	❑	❑			
6. Do you wear daily disposable, extended wear or permanent contacts?	❑	❑			
7. Do you have a tendency to rub your eyes or pull on your eyelashes?	❑	❑			
8. Do you go tanning (in salon or outside) or get spray tans?	❑	❑			
9. Are you pregnant? If yes, have you discussed having this service with your doctor?	❑ ❑	❑ ❑	Which trimester? ❑1 ❑2 ❑3		

10. Which side do you sleep on?
    - ❑ Right
    - ❑ Left
    - ❑ Back
    - ❑ Stomach

Please note that you may experience more eyelash extension loss on the side on which you sleep.

by Jo Mousselli XTREME LASHES®

11. Do you exercise?

- ❑ Yes (If yes, fill out the chart below.)
- ❑ No

Type of Activity	Frequency # times / week	Indoors or Outdoors?	Stylist Notes
1.			
2.			
3.			
4.			

12. Are you on a special diet?

- ❑ Yes*
- ❑ No

Please be advised that healthy natural lashes and hair growth require a diet rich in amino acids and protein. In addition, low-carb, low-protein and quick-results diets may affect a body's chemical balance, which can lead to loss of or damage to hair/natural lashes.

If client is on a special diet recommend Amplifeye® Lash & Brow Fortifier and Amplifeye® Lash & Brow Supplement.

13. What brands and products are you currently using around your eyes?

Product Name & Brand	Frequency of Use (Per day / week / month)	Stylist Notes
Facial Cleanser:		
Facial Mask:		
Facial Toner:		
Facial Primer:		
Day Moisturizer:		
Night Moisturizer:		
Facial Sunscreen:		
Eye Treatment:		
Eye Primer:		
Eye Cream:		
Eye Serum:		
Eye Makeup Remover:		
Eyeliner:		
Eye Shadow:		
Mascara:		
Eyelash Fortifier/ Conditioner:		
Brow Products		
Hair, Skin and Nail Supplements		

Basic makeup application and normal lifestyle can resume after the eyelash extension application. However, the following activities should be avoided within the first 3 hours: spray or airbrush tanning, exposure to excessive steam, exposure to excessive heat, contact lenses insertion and non Xtreme Lashes® cosmetics & skincare products

17. Please note that **medications** used to treat the following conditions may cause hair/natural eyelash loss. If you are on medications to treat any of the following, please mark them below:

- ❑ Acne
- ❑ Allergies (when treated with non-steroidal anti-inflammatory drugs (NSAIDS))
- ❑ Anticoagulants
- ❑ Autoimmune diseases
- ❑ Birth control*
- ❑ Convulsions/ epilepsy
- ❑ Depression
- ❑ Diet/ weight loss
- ❑ Dry eye syndrome
- ❑ Fungus
- ❑ Glaucoma
- ❑ Gout
- ❑ High blood pressure
- ❑ High cholesterol
- ❑ Hormone imbalance, hormone therapy*
- ❑ Inflammation (when treated with NSAIDS)
- ❑ Parkinson's disease
- ❑ Thyroid disease
- ❑ Ulcers
- ❑ Cancer

*Although these are not medical conditions, birth control and hormone therapy may result in the thinning or loss of natural lashes.

18. List all current medications, herbal supplements and vitamins:

19. Please mark all conditions that apply:

- ❑ Alopecia
- ❑ Asthma
- ❑ Autoimmune diseases (Crohn's disease, arthritis, lupus, ulcerative colitis, etc.)
- ❑ Back pain
- ❑ Bell's Palsy
- ❑ Blepharitis
- ❑ Bronchitis (chronic)
- ❑ Claustrophobia
- ❑ Cold sore
- ❑ Conjunctivitis (pink eye)
- ❑ Diabetes
- ❑ Diabetic retinopathy
- ❑ Dry eye syndrome
- ❑ Eye sties or sores
- ❑ Heavy eyelid
- ❑ Hormonal disorders or changes
- ❑ Leamy eye or excessive tearing
- ❑ Migraines
- ❑ Ocular rosacea
- ❑ Overactive bladder
- ❑ Rosacea
- ❑ Seizure disorder
- ❑ Sensitive eyes
- ❑ Sensitivity to light
- ❑ Sinus problems
- ❑ Stress
- ❑ Stroke
- ❑ Tendency of redness, rashes or hives
- ❑ Thyroid disease
- ❑ Trichotillomania (hair or eyelash pulling)
- ❑ Other: _____

Date	Additional Comments

MEDICAL HISTORY:

Questions	Y	N	Type(s)	Date & Frequency	Adverse Reactions? *Describe symptoms*	Stylist Notes
14. Do you have an allergy to any of the following? If yes, please provide additional information.						
Acrylates or cyanoacrylates? *(Example: Dermabond)*	❑	❑				
Nail adhesives?	❑	❑				
Tape (bandages)?	❑	❑				
Long-lasting or waterproof cosmetics?	❑	❑				
Cosmetic, skin care products, topical creams or other topical products or ingredients?	❑	❑				
Any allergies not including those listed above?	❑	❑				
15. Have you had or used any of the following in the last 4 weeks?						
Eye surgery, wounds or infections?	❑	❑				
Exfoliation, skin-tightening or skin-resurfacing facial treatments? (Examples: Acne treatments, chemical peels, microdermabrasion, laser)	❑	❑				
Retin-A, Accutane or similar product?	❑	❑				
History of eye disease, condition, injury or surgery that affected your hair/natural eyelash growth or loss?	❑	❑				

16. How would you describe your hair growth cycle as compared to others? ❑ Slow ❑Fast ❑Unsure