



9300 John Hickman Pkwy Suite 403 • Frisco, TX 75035 • Phone: 214.606.6006
www.deplashes.com

1. Waiver & Release Form

I authorize Dep Lashes Trained Professional Stylist, _____ (Professional Name/Business Name), to perform the semi-permanent eyelash extension procedure.

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 understand there are risks associated with having artificial eyelashes applied to and/or removed from my existing natural eyelashes and with the procedure and product itself, some cases may result in complications, without limitation, such as transient eye redness, eye pain, discomfort, allergic reaction to the adhesive, under eye gel patches or any other products used. Even though the Stylist may apply or remove my eyelashes extension properly, I understand the risk may require further follow-up care, at my own expense to prevent damage to my eyes. I also understand there is more than one technique for applying lash extension to my eyelashes, and I will not attribute any liability to the Stylist or Dep Lashes, LLC as a result of this procedure or the use and care of these lashes. 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 also agree to defend, indemnify and hold harmless Professional and Dep Lashes, LLC from any and all claims, actions, expenses, damages and liabilities, including reasonable attorneys' fees which might be asserted against them as a result of my having this procedure performed, or my purchase of these Lashes products. As used in this agreement, the terms "Professional" and "Dep Lashes, LLC" include all of their respective officers, directors, agents, employees, successors and assigns.

2. Permission to use personal images

I hereby give Dep Lashes, LLC permission to use my images and to copy, distribute, modify, display in any video or print form in any media or website. I understand and agree that my images may be included in whole or in part, composite or retouched in character or form. I understand Dep Boutique is not liable to me for any unauthorized reproduction or use by third party.

3. Care and Maintenance.

I agree to follow the care and maintenance instructions provided by Dep Lashes, LLC and/or Professional for the use and care of my lashes extension, and that if any follow up care is required due to my own mistake or negligence, or failure to follow these instructions, this will be at my own expense and risk. I understand that if I do any of the following, it may result in damage to my lashes extension or may cause my lashes to fall off prematurely. Knowing this I agree to follow these tips for best results:

- Do not allow your lashes to get wet for at least 4 hours.
- Do not swim, enter a sauna or allow steam on your face within the first 3 days after application.
- Do not perm, curl or tint your extensions.
- Do not pull your extensions off. (contact a professional if you wish to have them removed)
- Do not rub your eyes. (just pat carefully and gently when needed)
- Do not use any products in your eye area that contain oil - they may break the adhesive.
- Do not use waterproof mascara or eye liners.
- Do not use a blow dryer near your eyes.
- Airbrush tanning should be done 24-hours prior to your eyelash appointment.
- Do use oil free makeup remover.
- Do wear goggles while swimming, in a sauna or receiving a facial treatment.
- Do use a comb to align any tangled lashes if needed.
- Do use a Q-tip to gently clean or remove makeup around your eyes.
- Do groom your lashes as needed with a clean mascara wand, preferably when wet



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4. No Known Medical Conditions / Informed Consent

I have read and completed the Dep Lashes Client Intake Form in its entirety and in truth. I acknowledge that I have been advised of the potential harmful or negative side effects (such as the premature shedding of my eyelash) that the lash extension procedure or removal may cause to those who have specific medical or skin conditions. I understand that the procedure requires that I lay still for up to 2 hours or longer with my eyes shut, and that if I wear contacts, I must remove my contact lenses for the duration of the lash extension application or removal. I further state that I have no known medical condition that might be aggravated by the procedure or any medical condition that would prevent me from complying with or heeding to the professional's or Dep Lashes instructions or these warnings.

If any action is brought to enforce the terms of this Agreement, the prevailing party shall be entitled to its costs and reasonable attorneys' fees. Any claims arising out of this agreement will be resolved through binding arbitration using the rules of the American Arbitration Association.

This agreement will remain in effect for this procedure, and all future procedures conducted by Professional or any other professional conducting business at the salon/spa establishment listed above.

I agree that this Agreement is binding upon me, and my heirs, legal representatives and assigns. I represent that I am over 18 years of age and that I have the right to enter this agreement, or if I am under 18 years of age, I have had my parent or legal guardian consent to this agreement, and his or her relationship to me is as follows: _____ . By his or her signature below, he or she ratifies and consents to this procedure under these terms.

Signature: _____

Print Name: _____

Parent/Guardian Signature: _____

Date: _____