



## BROWS BY SHOLIN DASS, WAIVER FORM

Name \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ (Month, Day Only)

Phone \_\_\_\_\_ (Can we text you here?) Yes / No

Address \_\_\_\_\_

9 years and younger - No Services permitted whatsoever.

10 years - 17 years - Selected services permitted in the presence of their legal guardian to sign the customers release form on their behalf.

18 years and older - Services permitted with the customer's release form signature.

### **Waxing, Sugaring, Lash Extension, Make-Up Application Customer's Release and Acknowledgment of Risk**

This is a RELEASE for waxing, sugaring, lash extensions and make-up applications ("Services"). I release, discharge, hold harmless, and absolve Brows By Sholin Dass (the "Released Parties") from any and all actions, suits, demands of any kind whatsoever, and claims of liability of any nature, including claims of negligence, for any damages or injuries, which I, my heirs, executors, administrators and assigns had, now have by reason of any matter connected in any way with the Services. By signing this release, I understand that I am giving up my rights to sue the Released Parties for any claims, damages or injuries relating to the Services.

I understand that I should not have the Services if I am currently using (or have recently used) any of the following products or have recently had any of the procedures, and I confirm the following:

**I am NOT currently using Retin A, Retinol, any form of Vitamin A, Antibiotics, Benzoyl Peroxide (clinical grade), Within the past month, I have not used Laser Peel, Phenol Peel, Microdermabrasion (professional grade), Any other kind of peel. Within the last 6 months, I have not used Accutane.**

I understand that if I am taking medications, have undergone other procedures, or if I have allergies, any / all of these factors may cause certain effects upon my receipt of the Services. I expressly acknowledge that it is my responsibility to consult my physician to determine if I should receive Services from Brows By Sholin Dass. I understand that there is a risk that I may experience an adverse reaction, such as but not limited to, bruising, redness, swelling, scabbing, pimples, raw or peeling skin, and/or rash, from the Services that I have asked Brows By Sholin Dass to provide to me. I acknowledge that Brows By Sholin Dass has made no particular representation or guarantee about the Services to me. I understand it is my responsibility to follow the advice and direction of my service professional during the Services and after-care advice provided to me. I voluntarily assume any and all risk of loss, damage or injury that I may sustain arising out of or as a result of the Services of any activity incidental thereto, however and whenever the same may occur. I confirm that I was given the opportunity to read and review this Release prior to signing and that I was also given the option to receive a copy of its terms. If any part of this Release and Acknowledgement of Risk Form shall be found invalid or unenforceable then such part shall be considered deleted from this Form, and this Form shall be construed and enforced to the maximum extent permitted by law.

Printed Name \_\_\_\_\_, Signature \_\_\_\_\_

Date Signed \_\_\_\_\_, Relationship to Client (if minor) \_\_\_\_\_