

SBS LASHES AND BROWS LIABILITY WAIVER FORM

I, _____, hereby acknowledge and agree to the following terms and conditions set forth by SBS LASHES AND BROWS regarding the provision of lash extension services:

1. Acknowledgement of Risks:

I understand that receiving lash extension services involves certain risks, including but not limited to potential eye irritation, allergic reactions, discomfort, or other unforeseen complications that may arise during or after the procedure. I acknowledge that I have been informed about these risks and understand that they cannot be completely eliminated.

2. Voluntary Participation:

I voluntarily choose to receive lash extension services from SBS LASHES AND BROWS. I understand that it is my responsibility to provide accurate information about my health, allergies, and any other relevant conditions that may affect the procedure or my well-being.

3. Release and Waiver:

In consideration of receiving the lash extension services, I hereby release, discharge, and hold harmless SBS LASHES AND BROWS, its employees, contractors, and representatives from any and all claims, liabilities, demands, actions, or causes of action arising out of or in connection with the lash extension services provided, including but not limited to any injuries, damages, or losses sustained.

4. Cancellation and No-Show Policy:

I acknowledge and agree to the cancellation and no-show policy of SBS LASHES AND BROWS as stated in the separate policies document. I understand that failure to provide proper notice for cancellations or no-shows may result in the application of cancellation fees or loss of the deposit.

5. Compliance with Aftercare Instructions:

I agree to follow the aftercare instructions provided by SBS LASHES AND BROWS for the proper care and maintenance of my lash extensions. I understand that failure to adhere to these instructions may result in adverse effects on the longevity and appearance of the lash extensions.

6. Right to Refuse Service:

I understand and acknowledge that SBS LASHES AND BROWS reserves the right to refuse service to any individual for any reason deemed necessary. This is to ensure a safe and respectful environment for both the service provider and other clients.

I further acknowledge and understand that there are no refunds or return of deposit for the lash extension services provided by SBS LASHES AND BROWS.

By signing below, I affirm that I have read, understood, and voluntarily agreed to all the terms and conditions outlined in this liability waiver form. I further acknowledge that I have had the opportunity to ask questions and seek clarification before signing.

Client's Full Name: _____

Client's Signature: _____

Date: _____

Parent/Guardian's Signature (if the client is a minor): _____

Date: _____

SBS LASHES
AND BROWS
LUXURY LASH EXTENSIONS AND MICROBLADING

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