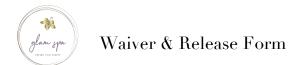
I authorize my Glam Spa Trained Professional,	ne application and to keep my eyes closed during the entire process until cedures concerning the semi-permanent eyelash extension application. used to me. Some cases may result in complications, such as transient patches or any other products used. If at any time I am uncomfortable with extify the problem, including ending the session if I (or the stylist) wish. If the ms with me and may end the session if necessary. It has been represented then as to the results of this service have been made, and I acknowledge enting to the procedure at my own risk. I have revealed or disclosed on the form all conditions and circumstances regarding my health and health used or medications taken. Additional conditions may occur or be
I understand the longevity of my eyelash extensions requires my careful main resume after the application. However, during the first 3 hours after the steam, excessive heat, and cosmetics (skincare, mascara, etc.) for extended even after the first 3 hours, I need to avoid the following activities: excessive waterproof cosmetics. Using mechanical curlers or crimping lashes in any way	e application I should avoid replacing contact lenses, water, liquids, longevity and flexibility of my eyelash extensions. I also understand that e swimming, sauna, steam rooms, pulling on lashes, using oil-based, or
I, as herein signed, release, give up, acquit, and discharge my Glam Spa Traine including any partnership, corporations, or company associated with said individed of legal services necessary to further effect or confirm said release. I fur damages, either known or unknown at the signing of this Waiver and Release of this waiver and release form. I further agree that in the event any Association for resolution. I agree that in the event a decision is determined in reasonable attorney fees and costs as set by the arbitrator. I further agree harmless from any and all damages. I release my Glam Spa Trained Professional any consequential change to those conditions that arises subsequent to the parameter of the param	vidual from any claims or damages of any nature. I agree to pay any costs of their agree that this release shall be in contemplation of any possible se Form, and said damages are specifically waived following the signing litigation ensues, it shall be placed before the American Arbitration in favor of one party over the other, the prevailing party shall be entitled to be to hold my Glam Spa Trained Professional and Glam Spa nameless and all from any responsibility for pre-existing conditions I have not revealed, or procedure. I understand that I am responsible for any medical treatment I insibility for these and any other complications, which may arise or
Please read, check, sign, and date the statements below and on the following statement:	wing page to indicate that you have read, understand, and accept the
I, the client herein signed, certify that I have read and had explained to me have consulted with an Glam Spa Trained Professional and have read all app History Form and the Client Consultation & Design Form to the best of my described herein. I certify I am of sound mind, and I am fully capable of exe acknowledge and fully understand that there might be other unknown risks the purposes of documentation, hereby consent to "before and after" photographics.	licable literature given to me. I have completed the Client Registration & knowledge. I accept the explanation of potential complications and risks ecuting this waiver and release form for myself. I, the undersigned client, a not reasonably foreseeable at this time. I, the client herein signed, for
I, the client herein signed, hereby give Glam Spa, and its affiliates, the photographic images of me, through any form of media (print, digital, electr release news articles, marketing, publicity, archival, or any other lawful purprelated use of photographic images of me. I release and agree to hold harmlessaid images. (Optional)	onic, broadcast, or otherwise) at any location for art, advertising, media cose. I waive any right to royalties or other compensation arising from o
Date:	
Client Full Name:	Client Signature:
Address/City/State/Zip Code:	Email:
Home Phone Number: This document contains confidential, trade secret, and proprietary informa	

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Page 1 of 2



Signature Page:

,		ackno	owledge that I have re	ead and agree to	the provisions, terms	, and conditions provid	beb
n the Glam Spa	a Waiver and Release Form. I a	gree to assume all risks	of injury associated	with eyelash exte	ension application, and	d agree to hold harmle	SS
he Glam Spa T	rained Professional and/or any	one affiliated with said	professional including	a. but not limited	to. Glam Spa.		

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