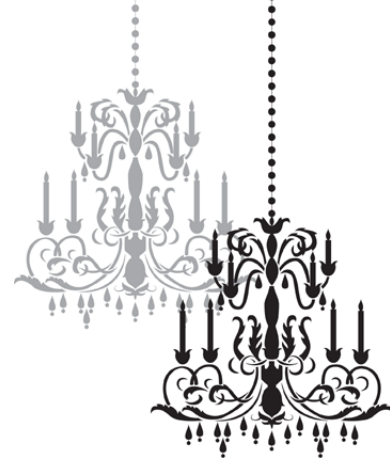


Locks & Lashes

salon



CLIENT RELEASE AGREEMENT

I understand the terms and conditions of the Disclosure and Release Form, and agree that I was provided with answers to all the questions I had. I accept to waive all my rights to any claim against the technician and/or Locks & Lashes for any reasons whatsoever.

I certify that the Disclosure and Release Agreement was filled out by me and that all the information found on it is, to the best of my knowledge, is true and complete.

Client's Printed Name: _____

Client's Signature: _____ Date: _____

I have also read and understand the information provided to me in the Before care, Healing Process and Aftercare information sheet and that I understand my responsibility to follow the instructions to ensure proper healing of the treated area as well as book my perfecting appointment between 6-8 weeks from today.

Client's Signature: _____ Date: _____