

THE LONDON LOUNGE

BEAUTY BOUTIQUE

New Client Information

NAME: _____

FIRST

LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

PHONE NUMBER: _____ OVER THE AGE OF 18: YES NO

Client Health History

Within the last year, have you been under a dermatologist or other physicians care? If YES, please specify:

YES NO

Have you had any surgeries or health issues in the past or present? If YES, please specify:

YES NO

Do you use Accutane, Retin A, Renova, Adapalene, or other prescription skin products? If YES, please specify

YES NO

Have you ever had chemical peels, microdermabrasion, or resurfacing treatments?

YES NO

List any medications you are currently taking:

Are you currently pregnant, breast feeding, or trying to become pregnant?

YES NO

Have you sunbathed or use tanning beds within the last 24 hours?

YES NO

THE LONDON LOUNGE

BEAUTY BOUTIQUE

Waiver Of Liability

This agreement releases The London Lounge from all liability relating to injuries that may occur during eyelash extensions, lash lifts and or tints, facials or hair removal services performed at 18420 33rd Ave W, STE G, Unit 24, Lynnwood WA 98037. By signing this agreement, I agree to hold The London Lounge entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in services at the London Lounge. These include but are not limited to eyelash extensions, lash lifts and or tints, facials, hair removal services and exposure to COVID-19. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity

____ If I experience pain or discomfort during the duration of my service, I will immediately inform my technician so that steps can be taken to adjust my level of comfort. I will not hold my technician responsible for any pain or discomfort I experience during or after the session.

____ I affirm that I have notified my technician of all known health and medical conditions to the best of my ability

____ I agree to inform my technician of any changes to my health and medical condition. I understand that there shall be no liability to the technicians part should I forget to do so.

____ I have read and understand The London Lounge's Privacy/Cancellation/No Show, No Call policy, and agree to its terms

____ For the purposes of documentation, I hereby consent to "before and after" photographs. I give The London Lounge and its affiliates, the absolute right and unrestricted permission to take, use, and display photographic images of me, through any form of media (print, digital, electronic, broadcast, or otherwise) at any location for art, advertising, media release news articles, marketing, publicity, archival, or any other lawful purpose. I waive any right to royalties or other compensation arising from or related to the use of photographic images of me. I release and agree to hold harmless The London Lounge and its affiliates from any liability in connection to taking or using said images. (Optional)

By signing below, I forfeit all right to bring a suit against The London Lounge for any reason. In return, I will receive eyelash extensions, lash lifts and or tints, facials or hair removal services. I will also make every effort to obey safety precautions that have been explained to me and will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

(Participant Signature)

Date

(Participant Guardian if under 18)

Date