

## **Eyelash Tint Release Form**

**The undersigned acknowledges that the technician has explained the nature of the above-noted treatment procedure herein. I hereby consent to the technician performing the above-noted treatment procedures on me and in consideration of their doing so, I hereby and forever discharge Renaissance European Day Spa, its officers and employees of and from all claims, demands, damages, actions and cause of action arising out of the performance of the said treatment procedures, which I, my heirs, executors, administrators, or assigns can, shall or may have. Being of sound mind and body, I hereby release any and all persons representing the Renaissance European Day Spa from all responsibility. I accept all responsibility myself for any consequences that might stem from my decision to have eyelash tinting work done.**

**In Witness Whereof; this \_\_\_\_\_ day of  
\_\_\_\_\_ 2010**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **client's signature**  
\_\_\_\_\_ **technician's signature**

