



BELLA VIA
Skin and Body Therapies

Waiver and Release Form

Cost of Procedures:

_____ Consultation: \$25

_____ Full Set: \$175+ Deposit of \$50 to secure Full Set appointment

_____ 48-hour notice is required to cancel or reschedule Full Sets. \$50 is forfeited if appointment is missed or canceled/rescheduled within 48 hours of the appointment time.

_____ Lash Fills: 13 days or less \$50, 14-20 days \$65, 21-27 days \$80, more than 4 weeks \$175+ (Full Set)

Please read and initial the following:

_____ I authorize Bella Via and my esthetician and lash professional to perform an eyelash extension procedure on me. I understand this procedure requires individual synthetic eyelashes to be adhered to my own natural lashes. I understand that it is my responsibility to remain still during the application and to keep my eyes closed during the entire process until otherwise advised.

_____ I have been fully informed as to the methods and procedures concerning eyelash extension application. The known risks of the cosmetic procedure I have chosen have been disclosed to me. Some cases may result in complications such as: transient eye redness and irritation, and allergic reaction to the adhesive, under eye gel patches, or any other products used. If at any time I am uncomfortable with the eyelash extension procedure, I will inform the esthetician and she will gladly rectify the problem, including ending the session if I or the esthetician wish. If the esthetician is uncomfortable with applying lashes to me, she will discuss her concerns with me and may end the session if necessary.

_____ It has been represented to me that no guarantees, warranties, promises, commitments or other statements as to the results of this service have been made. I acknowledge that I have received no particular representations or guarantees, and I am consenting to the procedure at my own risk.

_____ I have revealed or disclosed on the Eyelash Extension Intake Form all conditions and circumstances regarding my health and health history, medications being taken, and any past reactions to products used or medications taken. Additional conditions may occur or be discovered during or after the procedure, which could affect my ability to tolerate the procedure.

_____ I understand the longevity of my eyelash extensions requires my careful maintenance. I have been given and understand the instructions for after-care that have been stated on the Eyelash Extensions Recommendation Form.

_____ I have taken out my contacts before the procedure, if applicable.

_____ I, as herein signed, release, give up, acquit, and discharge Bella Via and their trained lash professional including any partnership, corporations, or company associated with said individual from any claims or damages of any nature. I further agree that this release shall be in contemplation of any possible damages, either known or unknown at the signing of this Waiver and Release Form, and said damages are specifically waived following the signing of this Waiver and Release Form. I agree to hold Bella Via or Reconstructive and Aesthetic Surgeons nameless and harmless from any and all damages.

_____ I release my esthetician and lash professional from any responsibility for pre-existing conditions I have not revealed, or any consequential change to those conditions that arises subsequent to the procedure.

_____ I understand that I am responsible for any medical treatment I may need to receive as a result of getting this procedure.

_____ I accept full responsibility for these and any other complications, which may arise or result during or following the eyelash extension procedure(s), which are to be performed at my request.

_____ I, the client herein signed, certify that I have read and had explained to me and fully understand the above Waiver and Release Form. I certify that I have consulted with my esthetician and trained Lash Professional and have read all applicable literature given to me. I have completed the Eyelash Extension Intake Form to the best of my knowledge. I accept the explanation of potential complications and risks described herein. I certify I am of sound mind, and I am fully capable of executing this waiver and release form for myself. I, the undersigned client, acknowledge and fully understand that there might be other unknown risks not reasonably foreseeable at this time.

_____ I, the client herein signed, for the purposes of **documentation**, hereby consent to “before and after” photographs for my file. These photos **may**_____ or **may not**_____ (please initial one) be used anonymously for advertising or education through any form of media (print, digital, electronic, broadcast, or otherwise). I release and agree to hold harmless Bella Via and Reconstructive and Aesthetic Surgeons, Inc., from any liability in connection to taking or using said images.

Signature of Client

Date

When client is a minor, a signature of a parent/guardian is needed.

Signature of Parent/Guardian

Date

Signature of Certified Lash Professional

Date

Thank you for visiting Bella Via!



Affiliated with Reconstructive &
Aesthetic Surgeons, Inc.
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