



LeValley Beauty Boutique – Farrah LeValley

75 Clairedan Drive, Suite J, Powell, Ohio 43065

BEAUTY BOUTIQUE SERVICES: **DISCLOSURE, CONSENT, & ASSUMPTION OF RISK AGREEMENT**

1. VOLUNTARY SOLICITATION

- 1.1. I, _____, requested that FARRAH LEVALLEY at LEVALLEY BEAUTY BOUTIQUE describe the esthetic services she offers. FARRAH LEVALLEY has described the services of Brow Shaping, Brow Tinting, Lash Lifting, Lash Tinting, and LEAF Fusion Plasma (hereafter referred to as “Services”).
- 1.2. I hereby voluntarily solicit and request FARRAH LEVALLEY, as my esthetic technician, to perform on my body the following procedure(s) (check all that apply):

- BROW SHAPING BROW TINTING LASH LIFTING
- LASH TINTING LEAF FUSION PLASMA

2. DISCLOSURES

- 2.1. I have been told that there may be known and unknown risks and hazards related to the performance of the Services planned for me, and I understand that no warranty or guarantees have been made to me as to the results.
- 2.2. I have been told that allergic reactions to certain products used in the usual course of Services are infrequent; however, they can and do occur.

3. ASSURANCES

- 3.1. I have had the opportunity to ask questions about the Services, the methods to be used, and the risks and hazards involved.
- 3.2. I believe that I have sufficient information to give this informed consent.
- 3.3. I shall render payment upon completion of Services.
- 3.4. I have agreed that should I have a complaint of any kind whatsoever, I shall immediately notify FARRAH LEVALLEY.
- 3.5. I certify this Agreement has been fully explained to me, and I have read it, or it has been read to me. I understand its contents. I acknowledge that this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from or consequences of the Services.

4. MEDICAL AND PRODUCT ASSURANCES

- 4.1. I have informed FARRAH LEVALLEY that I am in good health and not under the care of any physician.
- 4.2. I have not had a fever above 99.5 degrees Fahrenheit in the past 24 hours.
- 4.3. I am not sick or have been exposed to anyone who is sick.
- 4.4. I do not have any of the COVID-19 related symptoms including, but not limited to: fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, or diarrhea.
- 4.5. I have not, nor anyone in my residence, traveled out of state or have attended any events or gatherings that had more than 30 people present at any one time in the past 15 days.
- 4.6. I accept full responsibility for all medical treatment(s) and expense(s) I may incur in the event I need to seek treatment(s) for any known or unknown reason associated with the procedure planned for me.



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4.7. I understand that if I have an infection, adverse reaction, or allergic reaction to the procedure, I must notify FARRAH LEVALLEY and a health care practitioner as soon as possible.

5. ASSURANCES FOR ALL SERVICES

- 5.1. I have stopped all Retinol, Retin-A, tretinoin, glycolic, lactic acid, salicylic acid and aha products 3 days prior to this service.
- 5.2. I am not on antibiotics or acne medication.
- 5.3. I am not currently taking Accutane
- 5.4. I have not taken Accutane for at least 6 months.
- 5.5. I have not received a chemical peel or any skin thinning preparation in the last 7-10 days.
- 5.6. I have no known allergies to wax, lash lift, or tinting solution that I know of.

6. ASSURANCES FOR LASH LIFTING SERVICES

- 6.1. I do not currently have any of the following conditions:
 - Eye Infections/Disorders; Recent Eye Surgery; Allergy to products; Very sensitive eyes; Hay fever sufferers/Watery Eyes; Conjunctivitis; Stye; Dry Eye Syndrome; Using prescribed medicated eye drops; Pregnancy during the 1st trimester; Medication Thyroxin (in some cases can prevent lashes from curling).

7. ASSURANCES FOR SERVICES INVOLVING LEAF PROCEDURE FUSION PLASMA TECHNOLOGY

- 7.1. I do not currently have any of the following conditions:
 - Autoimmune disorders; Diabetes; Skin cancer; Embolism; Epilepsy; Pregnancy; Currently not taking steroids or antibiotics; Metal implants (Includes plates/pins/screws); Open wounds; Pacemakers; Severe Heart Disease; Severe Blood Pressure; Phlebitis; Thrombosis
 - Use of Botox®, Juvederm®, Restylane® or any other injectable must be disclosed prior to treatment. All injectables must be done at least 2 weeks prior to facial services.

8. ASSUMPTION OF RISK AND RELEASE

8.1. I am voluntarily soliciting and engaging in Services with knowledge of the danger involved. I hereby agree to accept any and all risks of illness, injury, damage, or death.
I CONFIRM THE ABOVE STATEMENT BY PLACING MY INITIALS HERE: _____.

8.2. As consideration for being permitted by FARRAH LEVALLEY and FARRAH LEVALLEY SKIN CARE, LLC to perform Services and use related facilities, I hereby AGREE that I, my assignees, heirs, distributees, guardians, and legal representatives WILL NOT make a claim against, sue, or attach the property of FARRAH LEVALLEY or FARRAH LEVALLEY SKIN CARE, LLC, in any capacity, on account of any reactions, outcomes, occurrences, illness, injury, damage, or death resulting from the negligence or other acts, howsoever caused, by FARRAH LEVALLEY or FARRAH LEVALLEY SKIN CARE, LLC as a result of my solicitation of, and engagement in Services.
I CONFIRM THE ABOVE STATEMENT BY PLACING MY INITIALS HERE: _____.

8.3. I hereby release FARRAH LEVALLEY and FARRAH LEVALLEY SKIN CARE, LLC from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal





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representatives now have or may hereafter have for reactions, outcomes, occurrences, injury, illness, damage, or death resulting from my solicitation of Services.

I CONFIRM THE ABOVE STATEMENT BY PLACING MY INITIALS HERE: _____.

8.4. I hereby authorize and allow FARRAH LEVALLEY to take photographs of the work performed both before and after treatment, and I further authorize and allow the use of said photographs to be used for advertising.

I CONFIRM THE ABOVE STATEMENT BY PLACING MY INITIALS HERE: _____.

9. KNOWING AND VOLUNTARY EXECUTION

9.1. I HAVE CAREFULLY READ THIS DISCLOSURE & CONSENT AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.

9.2. I AM AWARE THAT THIS IS AGREEMENT CONSTITUTES AN ASSUMPTION OF RISK AND RELEASE OF LIABILITY AND THE FINAL AND COMPLETE AGREEMENT BETWEEN FARRAH LEVALLEY AND MYSELF.

9.3. I SIGN THIS AGREEMENT OF MY OWN FREE WILL AND AGREE TO BE BOUND BY THIS AGREEMENT FROM THIS POINT ON.

Executed this _____ *day of* _____, _____ *at Powell, Ohio.*
DAY MONTH YEAR

Signature of Client

Printed Name of Client

OTHER INFORMATION - to be filled out by FARRAH LEVALLEY

Temperature:

Antibiotics or acne medication:

