



EYELASH PROCEDURE

WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

Waiver: In consideration of being permitted to participate in any way in: eyelash extension procedure using Bio-Touch, Inc., products (hereinafter called the 'Procedure'), I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** Wicked Skin / Allure Laser Institute as well as Bio-Touch, Inc., their officers, employees, and agents from liability from any and all claims including the negligence of Wicked Skin / Allure Laser Institute and Bio-Touch, Inc., officers, employees and agents, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in the Procedure.

Assumption of Risks: Participation in the Procedure carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I have been informed to keep my eyes closed during the Procedure to prevent glue from getting into my eyes and flush my eyes with water or saline for 15 minutes if glue gets into my eyes. I further understand that I am consult with a physician if my symptoms do not improve.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Procedure. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to DEFEND, INDEMNIFY AND HOLD (name of technician) _____ and Bio—Touch Inc., HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Procedure and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Arizona and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant (or Minor's Guardian): _____

Print Name of Participant: _____

Date: _____ Age (if Minor): _____