

CONSENT FOR EYELASH PROCEDURE:

Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

I have agreed to have Semi-Permanent eyelash extensions applied to and/or removed from my eyelashes by your name/business name. Before my qualified professional can perform this procedure, I understand I must complete this agreement and provide my informed consent by signing and dating where indicated below.

1. **Waiver of Liability.** I understand there are risks associated with having artificial eyelashes applied to and/or removed from my existing eyelashes, and that notwithstanding the utmost of care in the application or removal of these products, there still exist risks associated with the procedure and product itself, which include, without limitation, eye irritation, eye pain, discomfort, and, in extremely rare cases, blindness when improperly handled. As part of this procedure, I understand that a certain amount of eyelash adhesive material will be used to attach the artificial lashes to my existing eyelashes. I agree that if at any time during the procedure I experience any discomfort or pain I will notify my technician immediately. If I experience any itching or irritation post procedure, I agree to contact my technician immediately to have the lash extensions removed. By signing below I am agreeing to not hold your name/business name responsible or liable if any of the above mentioned reactions were to happen.

2. **Care and Maintenance.** I agree to follow the care and maintenance instructions provided by my Technician in order to achieve the intended and best possible results. Failure to follow these instructions, will be at my own expense and risk. I understand that if I do not follow these instructions, it may result in damage to my lashes or may cause my lash extensions to fall off prematurely. Knowing this I agree to follow these tips for best results **(Please read and initial below)**

- _____ I will avoid oil based eye products as these will loosen the bond of my lashes.
- _____ I will avoid getting my lashes wet immediately after service.
- _____ I agree to avoid using mascara and to not use an eyelash curler, perm, or tint my lashes. I agree to not pick pull or rub my lashes.
- _____ I understand that I should not attempt to remove my lash extensions on my own or with any product, but that the procedure requires that my lash extensions be professionally removed.
- _____ I am aware that due to the natural shedding of lashes, it is normal to lose 7-10 extensions/lashes per eye/per week.
- _____ I am aware that if I have any allergic reaction or irritation and need to have my extensions removed, that the removal will be free of charge. However, no refund will be issued.
- _____ If I have any dramatic lash extension loss totaling double or triple that amount -I agree to contact my technician immediately or within 72 hrs. and come in within 24 hours for an evaluation/retouch if necessary. Failure to do so in that allotted time will result in a full charge for service with the next lash fill appointment.

3. **No Known Medical Conditions / Informed Consent.** Please check if any of the following apply:
Hypo/Hyper Thyroid Recent Chemotherapy Any Disease/Disorder of the Eye Extreme Seasonal Allergies

Cancellation Policy: Credit Card is needed to book ANY lash appointment. If you should need to cancel or reschedule your appointment, we require a 24 hour advance notice to avoid 50% charge of services. I have read and completed the Client Intake Form in its entirety and in truth. I further state that I have no known medical condition that might be aggravated by the procedure or any medical condition that would prevent me from complying with or heeding to the professional's instructions or these warnings. I agree that this Agreement is binding upon me. I represent that I am over 18 years of age and that I have the right to enter this agreement, or if I am under 18 years of age, I have had my parent or legal guardian consent to this agreement. By his or her signature below, he or she consents to this procedure under these terms. Also pictures may be taken and used for marketing purposes.

Signature: _____ Print: _____ Date: _____

I _____, consent to have my picture taken of my lash extensions and used for marketing purposes.

Parent/Guardian Signature: _____ Relationship: _____