



EYELASHES EXTENSIONS CONSENT FORM

CLIENT INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT: _____

Is this the first time you have had lash extensions applied? YES___ NO___

If NO, where have you had them applied? _____

Please indicate if you have worn within the last 60 days any of the following types of lashes:

INDIVIDUALS___ STRIP___ FLAIR___ OTHER___

Do you:

CURL___ PERM___ -OR- TINT___ your lashes? NO___

Are you having lash extensions applied for:

A Special Occasion___ - or - Daily Wear___

Do you wear contacts? YES___ NO___

Do you have or are you being treated for any eye illness or injury? YES___ NO___

List any eye drops or eye medication that you are using: _____

1. **WAIVER OF LIABILITY:** I understand there are risks associated with having artificial lashes applied to and /or removed from my existing , natural 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 the product itself, which include without limitation, eye irritation, eye pain, discomfort and in rare cases blindness when improperly handled. As part of the procedure, I understand that certain amount of eyelashes adhesive material will be used to attach the lash extensions to my existing eyelashes. Even though the professional will take the utmost care to apply or remove my lash extensions properly, I understand that adhesive material may become dislodged during or after the procedure which may irritate my eyes or require further follow-up care at my own expense to prevent damage to my eyes. I also understand that there are more than one technique for applying eyelash extensions to my eyelashes and I will not attribute any liability to the Professional or to Lashes Brows & Blush from any and all claims, actions, expenses, damages and liabilities, including reasonable attorneys fees which might be asserted against them as a result of my having this procedure performed, or my purchase of these eyelash extensions or products. As used in this agreement, the terms Professional and Lashes Brows & Blush includes all of their respective officers , directors, agents, employees, successors and assigns.

2.

3. **PERMISSION TO USE PICTURES:** I hereby grant to Professional and Lashes Brows & Blush the full right to take , publish and reproduce photographs of me, my face, my eyes and/or eyelashes both before and after this procedure, for any advertising, education or other purposes whatsoever, including the right to retouch these photographs as deemed necessary by Professional or Lashes Brows & Blush. I further expressly assign any copyright in these photographs to Lashes Brows & Blush. I also grant my consent for Professional and Lashes Brows & Blush to use my image and likeness as contained in these photographs for any advertising or other purposes, along with any comments I may provide. Please use these images with the following:

My Own Name _____

No Name To Be Used_____

A Fictitious Name_____

4. **CARE AND MAINTENANCE:** I agree to follow the care and maintenance instructions provided by Lashes Brows & Blush or Professional for the use and care of my eyelash extensions and if any follow-up care is required due to my own mistake or negligence, or failure to follow these instructions, this will be at my own expense and risk. I understand that if I do any of the following , it may result in damage to my eyelash extensions or may cause my eyelashes to fall out prematurely . Knowing this I agree to follow these tips for best results: I will avoid oil based eye products as these will loosen and breakdown the bond/ adhesive of my eyelash extensions. I will avoid getting my eyelash extensions wet within the first 24 hours after my application. For the first 2 days after my application I understand that it is best to avoid swimming, saunas and steam rooms. If I experience any itching or irritation I agree to contact Lashes Brows & Blush immediately to have the lash extensions removed. I agree to avoid using waterproof mascara and not to use an eyelash curler, perm or tint my eyelash extensions. I agree to not pick , pull or rub my eyelash extensions. I

understand that i should not attempt to remove my eyelash extensions on my own or with any product, but that the procedure requires that my eyelash extensions be professionally removed.

5. **NO KNOWN MEDICAL CONDITION/INFORMED CONSENT:** I have read and completed the Lashes Brows & Blush client intake form in its entirety and in truth. I acknowledge that I have been advised of the potential harmful or negative side effects (such as the premature shedding of my eyelashes) that the lash extension procedure or removal may cause to those who have specific medical or skin conditions. I understand that the adhesive and adhesive remover are a skin, eye and mucus membrane irritant and that in rare cases persons may be allergic or may have hypersensitivity to synthetics, cyanoacrylate or formaldehyde which in small amounts may be in the adhesive. I understand that the procedure requires that I lay still for up to 2 hours or longer with my eyes shut, and that if I wear contacts, I must remove my contact lenses for the duration of the lash extension application or removal. I further state that I have no medical condition that might be aggravated by the procedure or any medical condition that would prevent me from complying or heeding to the Professional or Lashes Brows & Blush instructions or these warnings.

This agreement will remain intact for this procedure, and all future procedures conducted by Professional or any other Professional conducting services under the name of Lashes Brows & Blush.

I agree that this Agreement is binding upon me, and my heirs, legal representatives and assigns. I represent that I am over 18 years of age and that I have the right to enter into this agreement, or if I am under 18 years of age, I have had my parent or legal guardian consent to this agreement, and his or her relationship to me is as follows:

_____ By his or her signature below, he or she ratifies and consents to this procedure under these terms.

- **I agree to only use products recommended by my eyelash extension technician.**
- **I understand that I cannot get my eyelash extensions wet within 24 hours after application.**
- **I understand that there are many variables, including technician expertise, hair growth cycle, use of cosmetics and skin care products and the overall care given that will influence how long my eyelash extensions remain in place.**
- **I acknowledge that I should NOT rub or pull on my lashes after extensions have been applied.**
- **I understand that if eyelash extensions are not applied properly by a certified technician there is greater risk of eye damage and harm to my vision.**
- **I understand that, as with all cosmetic products, there is a potential possibility of allergic reaction.**
- **I have been advised that using mascara on a regular basis will shorten the time my extensions remain in place. I have also been advised not to use waterproof mascara or mascara that contains any glycol ingredients.**

- I understand that touch-up appointments may be necessary as soon as two weeks after the application and I must have 60% of my extensions to be considered a refill. If not I have to get a FULL SET service

- I have read and discussed the above information with my certified eyelash technician.

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I, _____, authorize Lashes Brows & Blush to apply the eyelash extensions product to my own eyelashes.

CLIENT SIGNATURE _____ DATE: _____

PARENTS/GUARDIAN SIGNATURE _____ DATE: _____

TECHNICIAN'S SIGNATURE _____ DATE: _____