

Eyelash Extension Consent Form

I, _____ (print first and last name), agree to have eyelash extensions applied to my natural eyelashes and/or removed and retouched. By signing this agreement, I consent to the placement and removal of eyelash extensions by the certified eyelash extension professional.

_____ (initial) I understand that there are risks associated with having artificial eyelashes applied to, or removed from my natural lashes. I further understand that as part of the procedure, eye irritation, pain, itching, discomfort, and in rare cases, infection or blindness can occur. I agree that if I experience any of these medical conditions with my eyelashes I will contact the certified eyelash extension professional immediately and consult a physician at my own expense. I understand that even though the certified eyelash extension professional applies and/or removes the artificial lashes using the proper technique, instruments, tapes, cleansers, eye pads, adhesives, and removers used may irritate my eyes or require a physician follow-up care and subsequent removal of the eyelash extensions.

_____ (initial) I understand and agree to the care instructions provided by the eyelash extension professional for the use and care of my eyelash extensions.

_____ (initial) I understand and consent to having my eyes closed and covered for the duration of the 60-180 minute procedure. I understand that if I fail to lie flat and still it may prevent application of eyelash extensions. I understand that failure to lie still may cause the undereye pads/tape to move and cause irritation/injury to my eye(s). I understand that eye irritation/injury may result in the need to consult a physician and the physician cost will be my responsibility.

_____ (initial) I have read and understand the eyelash extension aftercare and agree to do my part to maintain my lashes. I realize and accept the

consequences of failure to adhere to these instructions may cause the eyelash extensions to fall out, damage the extensions, and/or decrease the time the lashes will last.

_____ (initial) I have completed the eyelash and health history form and agree that all information provided is complete and true.

_____ (initial) This agreement will remain in effect for this procedure and all future procedures conducted by the certified eyelash extension professional. I read English and understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I am over the age of 18 and consent to the agreement and treatment.

I release my technician and salon from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the technician has professionally been trained to use. There is no guarantee for the bonding time of the eyelash extensions. This salon is not responsible for any technician errors. I understand that there are many factors that may affect the life of the extensions such as: water and moisture contact, weather conditions, and activities involving exposure to high/low temperatures.

By signing below I verify that I have read and understand the above statements and agree to them.

Sign: _____ Date: _____

Print: _____

Technician Sign: _____

