

EYELASH EXTENSION CONSENT FORM

Client Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

How did you hear about us? _____

Is this the first time you have had lash extensions applied? Yes No

Indicate which of the following you do: (check all that apply) Curl Perm Tint

Why are you having your eyelashes extended? Special Occasion Daily Wear

Do you habitually rub, pull, or pick your lashes for any reason? Yes No

Do you have or are you being treated for any eye illness or injury? Yes No

What side do you predominately sleep on? Left Right

Are you able to lie still with your eyes closed for two hours or more? Yes No

List any eye drops or eye medications you use:

The following conditions are not suitable for eyelash extensions: (Possible adverse reactions are listed below each condition)

Are you allergic to adhesives (glues, tapes, band aids, etc.)? Yes No

This service may use adhesive tapes, glues, and gel pads that may cause an allergic reaction. We use a medical grade, formaldehyde-free glue, but allergies may still occur.

Have you had chemotherapy treatments in the last 6 months? Yes No

Medication for chemotherapy may cause a reaction to the materials used in this service. Also, if lashes are just starting to grow back, they may be a little weak and we recommend waiting until they are strong enough for this service.

Are you currently taking thyroid medications? Yes No

Eyelash extensions will not last due to these medication in the system.

Have you had LASIK surgery in the last 4 months? Yes No

Eyes may have sensitivity to eyelash extensions and products used for prepping the eye area (gel pads, glues, etc.).

Have you had blepharoplasty or other eye conditions or surgeries in the last 6 months? Yes No

Blepharoplasty, eye surgery, or conditions may have sensitivity to eyelash extensions and products used. Consult your doctor first and ask if it's safe for you to have this service.

Do you have extremely oily skin and/or hair? Yes No

Natural oils will break down the adhesives used to bond the eyelash extensions causing the extensions to fall out quicker. This does not mean you cannot have the service, but it may cause them to fall out quicker.

Do you have seasonal allergies? Yes No

Seasonal allergies may cause swelling, itching, and redness during the time the pollen count is highest.

Have you used eyelash growth serums/conditioners in last 4 weeks? Yes No

Serums and conditions can contain ingredients (e.g., glycerin, oil) that may interfere and affect the glue and its bonding power. It is suggested to discontinue use of any growth product prior to application of eyelash extensions.

Do you wear contact lenses? Yes No

Contact lenses MUST be removed prior to eyelash extension procedures. Products may get underneath the contact lens and cause an abrasion or scratching.

1. CARE AND MAINTENANCE. I agree to use only recommended products and to follow the care and maintenance instructions provided by _____ (“Company”) and/or _____ (“Technician”) for the use and care of my eyelash extensions, and if any follow-up care is required due to my own mistake, negligence, or failure to follow these instructions, it will be at my own expense and risk.

I understand that engaging in the activities listed below could damage my extensions or cause my lashes to fall off prematurely. With this understanding, I agree to follow the following tips for best results:

- a) I will avoid using waterproof mascara on my eyelashes and I will not curl, perm, or tint my extensions. I have been advised that using mascara on a regular basis will shorten the length of time my extensions will remain in place.
- b) I agree to not pick, pull, or rub my extensions.
- c) I understand that I should not attempt to remove my extensions on my own or with any product, but that the procedure requires that my extensions be professionally removed.

2. RISKS OF PROCEDURE. I understand that 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 including, but not limited to, eye irritation, eye pain, discomfort, and in rare cases, eye infection or blindness when improperly handled. I understand and agree that if I experience any of these issues, I will contact the Company and have the eyelash extensions removed immediately and consult a physician at my own expense.

3. **EXISTING CONDITIONS.** I acknowledge that I have been advised of the potential harmful or negative side effects that the lash extension procedure or removal may cause to those who have specific medical or skin conditions. I understand that the adhesives and adhesive remover are a skin, eye, and mucus membrane irritant, and that in rare cases persons may be allergic or have hypersensitivity to synthetics.
4. **APPLICATION.** I understand that the eyelash extensions will be applied to the natural lash as determined by the Technician so as not to create excessive weight on the natural eyelash, thereby preserving the health, growth, and natural look of my natural eyelashes. I also understand that a certain amount of eyelash adhesive material will be used to attach the artificial lashes to my existing eyelashes. Even though the Technician may apply or remove my lashes 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.
5. **PROCEDURE REQUIREMENTS.** I understand that the procedure requires that I lay still in a reclined position 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 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 Technician's instructions or these warnings.
6. **WAIVER OF LIABILITY.** I agree that I will not attribute any liability to the Company or Technician as a result of this procedure or the use and care of my extensions. I also agree to defend, indemnify, and hold harmless the Company and Technician from any and all claims, actions, expenses, damages, and liabilities, including reasonable attorney's fees which might be asserted against them as a result of my having this procedure performed. I understand that there are no refunds.
7. **BINDING EFFECT.** I agree that this consent form is binding upon me and my heirs, legal representatives, and assigns.

By signing below, I confirm that I have read this consent form and understand it, and I give my consent to have eyelash extensions applied to and/or removed from my eyelashes. I also confirm that I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction.

Client Signature: _____ **Date:** _____

Print Name: _____

Parent or Guardian Signature: _____ **Date:** _____

Print Name: _____

Relationship to Client: _____

Technician Signature: _____ **Date:** _____

Print Name: _____