

CHANTIQUE BEAUTY

Highlight your natural beauty

Consent / Waiver of Liability and Consultation Form

Name:

Mobile:

Address:

Email:

DOB:

How did you hear about us?

Please provide some information about yourself to help us give you the best possible service.

1. Have you previously had lash extensions?
2. If so, did you have any reactions or discomfort during / after the procedure? Please explain.
3. What are your expectations for this appointment?
4. What look are you going for? Thicker, Longer, Natural, Dramatic
5. Have you had any recent eye infections? If so, please tell us what happened and when.
6. In the last 72 hours have you had any eye irritation or discomfort? If so, please tell us what happened and when.
7. Please tell us if you are currently taking any medications (including any non-prescription)?
8. Please tell us if you are on any thyroid or hormonal medications?
9. Do you wear contact lenses? If so, could you please remove them for safety reasons.
10. Have you had any recent eye surgery or laser eye surgery?
11. Do you have any known vitamin deficiencies?
12. Do you use any eye drops of any kind?
13. Do you have any sensitivities or allergies?
14. Do you have or have you had in the past 2 weeks any of the following;
 - Viral infections such as herpes
 - Eczema
 - Overactive or underachieve thyroid glands
 - Alopecia Areata
 - Madarosis / Milphosis
 - Recently undergone Chemotherapy
 - Styes
 - Blepharities

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I _____ 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/or removal of the eyelash extensions by the certified eyelash extension professional.

I _____ understand that in rare occasions there are risks associated with having artificial eyelashes and eyelash extensions applied to or removed from my natural eyelashes. I further understand that in rare cases as part of the procedure eye irritation and discomfort could occur. I agree that if I experience any of these conditions with my lashes that I will contact the certified eyelash extension professional that performed this procedure and it may be beneficial to have the eyelashes removed.

I _____ understand that if I have mentioned to having any previous reactions and/or complications or anything that my technician sees as being a possible risk, I may be requested to have a patch test 24hrs before the full application to ensure I will no have any further risks with this application or any further applications from my technician/salon (name of technician/salon) _____

_____ I understand and agree to the after-care instructions provided by the certified eyelash extension professional for the use and care of my eyelash extensions. I realize and accept the consequences of failure to adhere to these instructions may cause the eyelash extensions to fall out and/or decrease the time the lashes will last.

_____ I understand and consent to having my eyes closed and covered for the duration of approximately 60-120 minute procedure. Times may vary depending on the type and number of eyelashes applied. I also agree to lie still for the entire procedure for safety reasons. If you feel uncomfortable at any time during the procedure, then please tell your lash technician immediately.

_____ I understand that because of the natural lash cycle and wear and tear, I will need to maintain my extensions with refill appointments usually recommended every 2-4 weeks.

_____ I agree to the following eyelash extension follow-up and maintenance instructions:

- No waterproof mascara
- No oil based products around the eye area
- No water can come into contact with the eye area for 24 hours after application
- No tinting or perming of the eyelash extensions
- No excessive rubbing or any pulling of the eyelash extensions

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I give consent for photos to be taken of my lashes and used for the salons purpose.
Yes or No (please circle)

I understand there are risks associated with having artificial eyelashes applied to and/or removed from my existing eyelashes, and that not withstanding 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 rare cases, blindness even when applied in the usual manner.

As part of the removal procedure, I understand that a certain amount of chemical adhesive remover is applied to existing adhesives and a reaction occurs to dissolve the adhesive that results in the thinning of the remover. Even though the eyelash extension artist may apply or remove my eyelash extensions in the usual manner, I understand the liquid remover may seep into my eyes, which may irritate my eyes or require further follow-up care, at my own expense to prevent damage to my eyes. This agreement will remain in effect for this procedure and all future follow-ups 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. And hereby release any and all persons representing this salon from all claims, demands, damages, actions and cause of action arising out of the performance of the service.

I have fully disclosed all conditions regarding my health history, medications and past reactions to products, treatments and medications.

I am over 18 years of age and consent to the agreement and to the eyelash extension application procedure.