

 **Waiver | Lash Extensions**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

Guardian/Relationship (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that eyelash extension services require the application of chemical adhesive and small acrylic lashes to my natural eyelashes. It is necessary for the rendering of service for these extensions, adhesive, and the technician’s precision tools to be around my eyes and touch my eyelashes. As such, I understand that there’s inherent risk to my skin and eyes in taking part in such a service and will not hold the spa or lash technician liable for any injury incurred during or after the lash extension service.***

Please read and initial the following disclosures:

\_\_\_\_ I understand that this procedure requires synthetic mink (acrylic) eyelashes to be glued to my natural eyelashes.

\_\_\_\_ I understand that it is my responsibility to keep my eyes closed and remain still during the entire procedure, until my eyelash technician instructs me to open my eyes.

\_\_\_\_ I understand that some risks of this procedure may include, but are not limited to, eye redness, allergic reaction, and loss of my natural eyelashes. I also understand that the fumes from the adhesive may cause my eyes to tear up.

\_\_\_\_I agree to disclose any and all allergies that I may have, including those to latex, surgical tapes, cyanoacrylate (acrylic), Vaseline, collagen, or adhesives of any kind prior to service. \_\_\_\_ I understand that I must follow any home care advice I am given to keep the life of my eyelash extensions.

\_\_\_\_ I agree to communicate at once about any discomfort I may feel during the service as well as any dissatisfaction or general problems I may have with my lashes or eyes afterwards.

\_\_\_\_ I understand that failure to disclose allergies or relative medical conditions, failing to follow verbal and written instructions, and failing to follow home care advice may result in inferior results and potential injury.

\_\_\_\_ I understand that by undergoing this service, I assume all risks associated with the eyelash extension service and release the spa and lash technician of liability, claims, and damages.

\_\_\_\_ I agree that I have read and fully understood the entire consent form.

*Optional: ​\_\_\_\_ I give the spa permission to show my before and after photos of my eyelashes to other potential clients and post them on social media or any other website. (I understand that I may withdraw my permission to post and display my photos at any time so long as I do so in writing)*

Client/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_