



EYELASH EXTENSION CONSENT FORM

***Please Initial**

_____ I understand that this procedure requires:

synthetic eyelashes to be glued on to my own natural eyelashes using the very precise application of placing an extension (classic individual or volume fan) on a single natural eyelash OR

perming solution and/or tint applied to my own natural eyelashes, and it is my responsibility to **keep my eyes closed** and be still during the entire procedure.

_____ I am informed of potentially harmful or negative side effects that may be caused by the application or removal and release the Lash Technician from all liability associated with this procedure.

_____ I understand that some risks of this procedure may result in, but not limited to, eye redness and irritation. The products used may release fumes and can cause my eyes to water. If any unusual symptoms, injury or allergy is suspected, all future appointments will cease until cleared by a physician.

_____ I agree to disclose medical conditions including skin conditions and/or any allergies that I may have to latex, surgical tapes, cyanoacrylate, etc. If yes,

list: _____ During the first 24 hours following every lash procedure/application, I agree to avoid: wetting the lashes, swimming pools, and steam from showers, saunas and tanning beds. While wearing extensions, I will follow the aftercare instructions given to me, especially, daily cleansing.

_____ I understand that a deposit may be required for booking (non-refundable) and is subject to change at any time. No refunds will be issued on services, exchanges are made on defective items.

_____ If I need to cancel my appointment, I will give a 24 hour notice. I will forfeit my deposit and agree to pay a "Rescheduling Fee" if I give less than a 24 hr. notice (\$30) or if no call/no-show (100% of service).

_____ Arriving late will reduce the time of service. If I am more than 15 minutes late, I understand my appointment may need to be rescheduled and will be subject to the no-show fee above.

_____ If I schedule for a fill, at least 50% of extensions per eye should be in place at the time of my appointment. If there are less than 50% or after 30 days since last service, a full set will be required.

_____ I agree to show up to my appointment without any eye makeup. If I do, it will need to be removed. Extension application time is reduced due to time spent on removing makeup.

_____ I give permission to 360Beauty Studio/Brandi Seigers to show my before and after photos to other potential clients (e.g. Facebook, Instagram). **Please mark:** Yes No

_____ I consent to having a text message reminder 24-48 hours before appointment (if so, please make sure cell phone number is provided.) Preferred correspondence: Phone/Text

_____ I understand 360Beauty Studio/Brandi Seigers reserves the right to refuse service to anyone at any time for any reason.

_____ I forego the 48-hour patch test. No patch test I prefer to reschedule and get a patch test today (\$30).

_____ I confirm and agree that I wish to engage the services of a Lash Technician.

Client Signature: _____ DOB: ____/____/____ Date: _____

Client Name (Print): _____ Mobile: _____

Address: _____ E-mail: _____

Parent / Guardian (if under 18 years): _____ Date: _____