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**Eyelash Lift Consent Form**

* I agree to have an eyelash lift and/or eyelash tint applied to my natural lashed. By signing this agreement, I consent to the procedure of an eyelash lift or eyelash tint by my esthetician.
* I understand there can be risks associated with having an eyelash lift and/or eyelash tint. I further understand that as part of the service, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blurriness could occur.
* I agree that if I experience any of these issues with my lashes I will alert my esthetician or contact The Haven if needed.
* I understand that though my esthetician lifts the lashes using proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may irritate my eyes or require a physicians follow-up at my own expense if needed.
* I understand and agree to the after-care instructions provided by the esthetician for the use and care of my lifted and/or tinted lashes.
* I realize and accept the consequences of failure to adhere to these instructions may cause the eyelashes to not stay lifted as long as told.
* I understand and consent to having my eyes closed and covered for the duration of the 45–60 minute service.

**I am informing my esthetician of the following conditions (Please check off)**

\_\_\_\_\_\_\_ Current use of contacts which I agree to remove during my service.

\_\_\_\_\_\_\_ History of dry eyes

\_\_\_\_\_\_\_ History of recurrent eye or tear duct infections

\_\_\_\_\_\_\_Recent history of Chemotherapy

\_\_\_\_\_\_\_ Other medical conditions which could prohibit or compromise the process and retention of the lash lift

\_\_\_\_\_\_\_ I am over 18.

**I agree to the following eyelash lift aftercare and maintenance instructions.**

No water can come in contact with the eye area for 24 hours after service. No steam can come in tact with the eye area for 48 hours after service. This agreement will remain in effect for this service and all future services conducted by my esthetician.

I understand that once my lashes have been lifted that I CANNOT use an eyelash curler.

I release my esthetician and The Haven from all liability associated with this service, which is performed with the utmost attention to safety. There are no guarantees for length of time the lashes will stay lifted. I understand the aftercare instructions and will do my part to maintain my lashes.

I have read all the information provided. Please sign and date below to indicate that you have read all statements and understand. I herby consent to any photos that may be taken “before and after” that will be used for advertising purposes. I have provided all information about my health and/or medical conditions.

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_