

Lash Lift is a process of reconstructing the lashes to keep them in a curl shape. The tint is an optional service. Lash Lift lasts about 8-12 weeks; this will differ based on lash health and proper aftercare.

I UNDERSTAND THE FOLLOWING

- I understand lash lift is a process of reconstructing the lashes to keep them in a curled shape, but it is my own responsibility to brush them daily and keep up with proper after care for maximum results.
- I understand that after the treatment, the lashes must stay dry for 48 hours.
- I understand experiencing some redness of the skin or mild sensitivity is normal but does not typically occur.

Lash Lift is NOT recommended if you have the following:

- Eye infection/disorder
- Recent eye surgery
- Conjunctivitis
- Inflamed eyes/styes
- Taking medications that affect the eyes

I ACKNOWLEDGE AND ACCEPT THE FOLLOWING

- Despite the application of the most advanced and top ingredients, and in extremely rare cases, an allergic reaction is possible.
- As part of the lash lift procedure, eye irritation, eye itching, discomfort, eye blurriness may occur.
- I consent to having my eyes closed and covered for the entire duration of the procedure.
- Opening my eyes at any point during the procedure is not recommended and may cause product to enter my eye, which can result in redness.
- When tint is applied, everyone's hair absorbs differently, and my final results may not be the color I initially wanted.
- Lift results may vary depending on my natural lash length and strength.
- There may be some residual staining left on skin following the tint and this will fade and go away within a short time.
- It is my responsibility to follow aftercare instructions provided by my technician.
- Failure to follow the aftercare instructions may cause an undesirable result.
- I release my technician and/or business establishment and/or anyone affiliated from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the technician has been professionally trained and certified to use.

By signing below, I certify that I have read and understand the above points and that I had sufficient opportunity to have all/any questions answered. I do not hold the technician and/or business establishment responsible for any conditions that were present prior to the treatment. I also consent to before/after photos, which may or may not be used for the purposes of advertising.

CLIENT NAME:

PHONE:

SIGNATURE:

DATE: