

Eyelash Extension Intake and Waiver

1. Please Fill out form completely and initial the questions below. Do Not forget to sign. *



Birthday:

2. I understand that this procedure requires single synthetic eyelashes to be glued to my natural eyelashes. *

3. I understand that it is my responsibility to keep my eyes closed and be still during the entire procedure, until my eyelash technician addresses me to open my eyes. *

Type your answer here

4. I understand that some risks of this procedure may be, but not limited, to eye redness and irritation. The fumes from the adhesive may cause my eyes to tear up when I open my eyes. *

Type your answer here

5. I agree to disclose any allergies that I may have to latex, surgical tapes, cyanoacrylate, etc. *

Type your answer here

6. I understand that I am required to follow the eyelash extension aftercare card to maintain my lash extensions for the best results. *

Type your answer here

7. I agree that by reading and signing this consent form I release my eyelash technician and Anatrpsis Massage & Skincare from any claims or damages of any nature. *

Type your answer here

8. I am of sound mind and fully capable of executing this waiver myself. *

Type your answer here

9. I give my eyelash technician and Anatrpsis Massage & Skincare permission to show my before and after photos of eyelashes to other potential clients and to publish on our website and/or social media. *

Type your answer here

10. I have read and completed the Eyelash Extension & Consent form in it's entirety, and have answered everything to the best of my ability. I confirm that I wish to receive eyelash extensions. *

Type your answer here

11. Date *



Please sign full name. *

I agree to use [electronic records and signatures.](#)

Clear

Submit

