



Ancient Haven  
Spa Studio

**Lash Clients**

Please be aware that the adhesives used to glue on your eyelash extensions have very strong fumes and bond quickly. It is rare, but possible that you may experience a negative reaction to the fumes, lash prepping products and/or the eye pads used to isolate your bottom lashes from the top during the lashing process. If at any time you are experiencing discomfort or irritation, please let me know immediately as to avoid personal injury and/or irritation.

During your appointment:

- **Remove any contact lenses.**
- It is very important that you stay still throughout your service. I am using sharp tweezers to apply your extensions, so avoid any sudden movements. Let me know if you need to move, stretch, cough etc.
- Keep your eyes closed at all times, unless I instruct you otherwise.
- Feel free to lash nap!

**Photos:**

Every appointment I try to take before and after photos. This is done to track the health of your natural lashes and progress of your lash extensions. All photos remain private on my iCloud account for my security as a Professional Lash Artist and for your reference if you choose to view them. Occasionally, I may want to post a photo or two on Instagram, Facebook or another form of social media or advertising. All posts will be of a business relation. If I desire to use one or more of your photos, please initial below, indicating how you would allow me to use your photo(s):

\_\_\_\_\_ I would NOT like you to use my photos for business-related media.

\_\_\_\_\_ Yes, you may use my photos for business related media.

\_\_\_\_\_ Yes, you may use my photos for business related media, BUT, I would like to approve any photos you wish to post before you post them.

\*All approvals will be required in text or email form\*

I have read this disclosure and agree to follow its guidelines to keep me safe both before and after my service.

Parent/Guardian:

I agree to allow my child to receive eyelash extensions. I am aware of the safety guidelines outlined in this waiver and have taken the time to communicate any instructions or concerns to the minor receiving services. I feel confident minor will remain safe by following the safety guidelines outlined in this waiver. I understand I may be present for minor's appointment.

Client's Name: \_\_\_\_\_

\_\_\_\_\_  
*Client's Signature*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*