

EYELASH EXTENSION INTAKE & CONSENT FORM

CLIENT INFORMATION:

Name: _____	Appointment Date & Time:
Address: _____	(A reminder will be sent if you have agreed to be contacted. Please notify before 2:00 PM the day prior to your scheduled appointment to notify us of any changes or cancellations. To modify a Monday appointment please contact us by 2:00 PM on Friday to avoid cancellation fees)
City: _____ State: _____ Zip: _____	D: ____ / ____ / ____
Phone: _____ Email: _____	T: _____ AM / PM
Communication Preference: Text / Call / Email	Your Licensed Specialist is:
I agree to be contacted by text: Yes / No	_____
I agree to be contacted by email: Yes / No	Location of Service:

Preferred Appointment Day: _____ Preferred Time: _____

Customer Notes:

How did you hear about us?

Web Site / Google or web search / Referral / Other: _____

If referred by friends or family, who referred you? _____

Is this the first time you have had lash extensions applied? Yes / No

If not, where have you had them applied? _____ What brand was used? _____

Please indicate if you have worn within the last 60 days any of the following types of lashes:

individual / strip / flare / other _____

Do you: curl / perm / tint your lashes? No

Are you having lash extensions applied for: a special occasion / daily wear

Are you: From the area / Just visiting

Do you wear contacts? Yes / No

Do you wear glasses? Yes / No

Do you habitually rub, pull, or pick your lashes for any reason? Yes / No

Do you have, or are you being treated for any eye illness or injury? Yes / No

What side do you predominantly sleep on? Right / Left / Back / Stomach

Please list any eye drops or eye medication you are using: _____

Are you able to keep your eyes closed and lie still for up to 3 hours or longer? Yes / No

Please check any of the following that might apply to you:

- | | | |
|---|--|---|
| <input type="checkbox"/> Lasik Eye Surgery | <input type="checkbox"/> Allergic to Glycerin | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Permanent eye make-up | <input type="checkbox"/> Hypersensitivity to: cyanoacrylate or formaldehyde or certain adhesives/glues | <input type="checkbox"/> Drugs that can cause temporary hair loss: Chemotherapeutic agents used in cancer treatment, Retinoids used to treat acne and skin problems (such as Accutane or Retin A), Anticoagulants, Beta-adrenergic blockers used to control blood pressure, Oral contraceptives |
| <input type="checkbox"/> Blepharoplasty (eye lift) | <input type="checkbox"/> Recent high fever or severe illness | <input type="checkbox"/> Thyroid diseases |
| <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Iron Deficiency | |
| <input type="checkbox"/> Allergies to adhesives or synthetics | <input type="checkbox"/> Hormonal imbalance or extreme stress | |
| <input type="checkbox"/> Major surgery within last 120 days | <input type="checkbox"/> Exposure to certain chemicals found in swimming pools, and to bleach, dye and perm hair | |
| <input type="checkbox"/> Child birth within the last 120 days | | |
| <input type="checkbox"/> Alopecia | | |

CONSENT FOR EYELASH PROCEDURE:

I have agreed to have eyelash extensions applied to and/or removed from my eyelashes. Before my qualified professional can perform this procedure, I understand I must complete this agreement and provide my informed consent by signing and dating where indicated below.

For valuable consideration, in order to have my eyelash extensions applied and/or removed from my eyelashes:

1. Waiver of Liability. I understand there are risks associated with having artificial eyelashes applied to and/or removed from my existing eyelashes, and that notwithstanding the utmost of care in the application or removal of these products, there still exist risks associated with the procedure and product itself, which include, without limitation, eye irritation, eye pain, discomfort, and, in rare cases, blindness when improperly handled. As part of this procedure, I understand that a certain amount of eyelash adhesive material will be used to attach the artificial lashes to my existing eyelashes. Even though the Professional may apply or remove my lash extensions properly, I understand adhesive material may become dislodged during or after the procedure, which may irritate my eyes or require further follow-up care, at my own expense to prevent damage to my eyes. I also understand there is more than one technique for applying lash extensions to my eyelashes, and I will not attribute any liability to the lash artist or this company as a result of this procedure or the use and care of these lashes. I also agree to defend, indemnify and hold harmless the lash artist and company from any and all claims, actions, expenses, damages and liabilities, including reasonable attorneys' fees which might be asserted against them as a result of my having this procedure performed, or my purchase of these lash products. As used in this agreement, the terms "lash artist" and "company" include all of their respective officers, directors, agents, employees, successors and assigns.

2. Permission to Use Pictures. I hereby grant the full right to take, publish and reproduce photographs of me, my face, my eyes and/or eyelashes, both before and after this procedure, for any advertising, education, or other purposes whatsoever, including the right to retouch these photographs as deemed necessary. I further expressly assign any copyright in these photographs, I also grant my consent to use my image and likeness as contained in these photographs for any advertising or other purposes, along with any comments I may provide. Please use these images with the following:

my own name / no name to be used / a fictitious name: _____

3. Care and Maintenance. I agree to follow the care and maintenance instructions provided for the use and care of my lash extensions and that if any follow up care is required due to my own mistake or negligence, or failure to follow these instructions, this will be at my own expense and risk. I understand that if I do any of the following, it may result in damage to my lash extensions or may cause my natural lashes to fall off prematurely. Knowing this I agree to follow these tips for best results: I will avoid oil based eye products as these will loosen the bond of my lash extensions. I will avoid getting my lashes wet within the first 24 hours after my application. For the first two days after application I understand it is best to avoid swimming, saunas or steam rooms. If I experience any itching or irritation, I agree to make contact immediately to have the lash extensions removed. I agree to avoid using waterproof mascara and to not use an eyelash curler, perm, or tint my lash extensions. I agree to not pick, pull or rub my lashes. I understand that I should not attempt to remove my lash extensions on my own or with any product, but that the procedure requires that my lash extensions be professionally removed.

4. No Known Medical Conditions / Informed Consent. I have read and completed the Client Intake Form in its entirety and in truth. I acknowledge that I have been advised of the potential harmful or negative side effects (such as the premature shedding of my eyelash) that the lash extension procedure or removal may cause to those who have specific medical or skin conditions. I understand that the adhesives and adhesive remover are a skin, eye and mucus membrane irritant and that in rare cases persons may be allergic or have hypersensitivity to synthetics, cyanoacrylate or formaldehyde which in small amount may be present in the adhesive. I understand that the procedure requires that I lay still for up to 3 hours or longer with my eyes shut, and that if I wear contacts, I must remove my contact lenses for the duration of the lash extension application or removal. I further state that I have no known medical condition that might be aggravated by the procedure or any medical condition that would prevent me from complying with or heeding to instructions or these warnings.

If any action is brought to enforce the terms of this Agreement, the prevailing party shall be entitled to its costs and reasonable attorneys' fees. Any claims arising out of this agreement will be resolved through binding arbitration using the rules of the American Arbitration Association.

This agreement will remain in effect for this procedure, and all future procedures conducted by my lash artist or any other professional conducting business at this establishment.

I agree that this Agreement is binding upon me, and my heirs, legal representatives and assigns. I represent that I am over 18 years of age and that I have the right to enter this agreement, or if I am under 18 years of age, I have had my parent or legal guardian consent to this agreement, and his or her relationship to me is as follows: _____

By his or her signature below, he or she ratifies and consents to this procedure under these terms.

Signature: _____ Print Name: _____ Date: _____

Parent/Guardian Signature: _____ Print Name: _____ Date: _____