

GlowbyDiamond

Eyelash Extension Agreement and Consent Form

Full Name: _____ Date: _____

Telephone: (Cell) _____

Email: _____

Referred by: _____

Initial: _____

_____ I understand that this procedure requires single synthetic eyelashes to be glued to my own natural eyelashes.

_____ 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.

_____ 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 if I open my eyes.

_____ I agree to disclose any allergies that I may have to latex, surgical tapes, etc.

_____ I understand that in order to maintain the life of these extensions, it is suggested that I follow the eyelash extension care sheet (attached).

_____ I agree that by reading and signing this consent form, I release Diamond Jackson (Lash Technician) & GlowbyDiamond LLC from any claims or damages of any nature.

_____ I agree that I read and fully understand this entire consent form.

_____ I am of sound mind and fully capable of executing this waiver for myself.

_____ I give permission to show my before and after photos of eyelashes to other potential clients Yes _____ or No _____

_____ I have read and completed the Eyelash Extensions Intake & Consent form in its entirety, and have answered everything to the best of my ability. I have been informed of potentially harmful or negative side effects that may be caused by the application and/or removal of eyelash extensions.

I confirm and agree that I wish to engage the services of Diamond Jackson (Lash Technician) & GlowbyDiamond, LLC to apply eyelash extensions.

Print Your Name: _____

Signature _____ Date _____