



LASH Extension Client Consent Form

1. I agree to use only recommended products on my LASH Eyelash Extensions.
2. I understand that there are many variables including technician expertise, natural lash growth cycle, use of cosmetics and skin care products, and the overall maintenance given that will influence how long my Eyelash Extensions remain in place.
3. I acknowledge that I should not pull on my lashes after they have been applied.
4. I understand that if a Certified Lash Extensionist does not apply Eyelash Extensions properly there is a risk of eye damage and harm to my vision.
5. I understand that, as with all cosmetic products, there is a potential possibility of allergic reaction.
6. I have been advised that using mascara on a regular basis will shorten the length of time my extensions remain in place. I have also been advised not to use waterproof mascara on my Eyelash Extensions.
7. I understand that touch-up appointments may be necessary as soon as two to three weeks after the applications and that there may be additional fees for this procedure.
8. I hereby release any and all persons representing this salon from all claims, demands, damages, actions and cause of action arising out of the performance of the eyelash extension service.
9. I consent to "before and after" photographs for the purpose of documentation, potential advertising, and promotional purposes.
10. I have been given the option for a patch test. To rule out any seasonal/allergic reactions and sensitivities to the adhesive.

I hereby **Decline /Agree** to have a patch test performed (Please Circle and Initial)
I have read and discussed the above information with my Certified Lash Extensionist.

I, _____, authorize
_____ to apply Eyelash Extensions to my lashes.

Client Signature

Date

Guardian signature if under 18 years of age

Date

Certified Lash Extensionist Signature

Date