



Beneath the Skin Lash Studio
Eyelash Extensions Intake & Consent Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone Number: _____

Please read and circle the following:

Do you wear contacts or glasses? YES NO

Are you extremely sensitive or have allergies to adhesives or synthetics? YES NO

Are you aware the process can take 2-3 hours for a full set? YES NO

Do you have seasonal allergies? YES NO

Please read and initial the following:

_____ I agree to the follow-up, aftercare and maintenance instructions provided by the artist during the client consultation. I understand that not following these procedures will affect the longevity of eyelash extensions or health of natural lashes if neglecting to cleanse daily.

_____ I agree to all policy requirements and agree that my card may be charged as discussed further in the policy, if I do not follow these requirements, regarding cancellations, no call no show, late arrivals, etc.

_____ I understand that there are risks associated with the application and/or removal of artificial eyelashes. These risks include, but are not limited to: eye irritation, eye pain, discomfort, swelling, and in *EXREAMELY RARE CASES*, blindness. I understand that the artist is not responsible to cover any costs for emergency care visits due to any potential reaction or irritation.

_____ As part of this procedure, I understand that a certain amount of eyelash adhesive will be used to apply each extension to my existing natural eyelash. Although the certified lash artist may apply and/or remove the eyelash extensions properly, I understand that there is a possibility that the adhesive may become dislodged during or after the procedure, which may irritate my eyes.

_____ I agree with the cost of the procedure as discussed with my eyelash artist before application.

_____ I agree that there are no refunds or free appointments, due to neglect of pre/post recommendations or instructions.

_____ I consent to have "Before" and "After" photographs of my lash application. Photographs may be used and promoted by the lash artist. Therefore, I agree that my photographs may be used for the purpose of documentation, and/or advertising purposes.

- Check here if you do NOT want your photos shared

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 by the certified eyelash extension professional. I have shared any concerns I have with my artist. By signing this form, I agree with the waiver and will not hold my artist responsible for any fault.

Print Clients Name: _____

Signature of Client: _____ Date: _____