LASH EXTENSION SERVICE - INFORMED CONSENT

Client Name: _____

Date: _____

I understand that lash extensions will be applied by a beginner lash technician who is currently developing and refining their skills.

I understand that the service may take longer than an appointment performed by a more experienced lash technician and that results, application time, and lash retention may vary.

I confirm that I have disclosed any known eye sensitivities, allergies, skin conditions, medical concerns affecting the eye area, or previous reactions to lash products or adhesives.

I understand that possible reactions may include temporary redness, irritation, itching, watering, swelling, discomfort, or an allergic reaction. I agree to notify the technician immediately if I experience any discomfort during the service.

I understand that proper care and aftercare are important for the health of my natural lashes and the retention of my lash extensions. I agree to follow the aftercare instructions provided to me.

By signing below, I confirm that I have read and understood the information above, have had the opportunity to ask questions, and voluntarily consent to receive the lash extension service.

Client Signature: _____

Date: _____

Technician Name: _____

Technician Signature: _____

Date: _____

OPTIONAL PHOTO & VIDEO CONSENT

MiCo Beauty Bar may take before-and-after photographs and/or short videos of my lash service for purposes including technician education, portfolio development, salon marketing, the MiCo Beauty Bar website, and social media.

Please select one:

YES, I give MiCo Beauty Bar permission to photograph and/or record my lash service and use the images or videos for the purposes described above.

YES, but only if my face is not identifiable. I give permission for close-up photographs or videos of my lashes/eye area only.

NO, I do not give permission for photographs or videos to be used.

I understand that photo/video consent is optional and that declining will not affect my ability to receive lash services.

Client Initials: _____

Date: _____