

Eyelash extension application consent form

I _____ (Client's name) agree to have eyelash extensions applied to my natural eyelashes and/or removed and retouched. By signing this agreement, I consent to the placement and/or removal of the eyelash extensions by the certified eyelash extension professional.

_____ I understand that in rare occasions there are risks associated with having artificial eyelashes and eyelash extensions applied to or removed from my natural eyelashes. I further understand that in rare cases as part of the procedure eye irritation and discomfort could occur. I agree that if I experience any of these conditions with my lashes that I will contact the certified eyelash extension professional that performed this procedure and it may be beneficial to have the eyelashes removed.

_____ I understand and agree to the after-care instructions provided by the certified eyelash extension professional for the use and care of my eyelash extensions. I realize and accept the consequences of failure to adhere to these instructions may cause the eyelash extensions to fall out and/or decrease the time the lashes will last.

_____ I understand and consent to have my eyes closed and covered for the duration of approximately 30-180 minute procedure. Times may vary depending on the type and number of eyelashes applied.

_____ I am informing the certified eyelash extension professional of the following conditions by marking with a check:

- ☐ Current use of contact lenses which I may be asked to remove during the procedure
- ☐ Current use of anything such as oil-containing sunscreen or moisturizers around the eyes
- ☐ Current use of eye drops of any kind, prescription or over-the-counter
- ☐ Current allergies or sensitivities
- ☐ History of an allergic reaction to eyelash extension products
- ☐ History of recurrent eye or tear duct infections
- ☐ History of dry eyes or Sjorgen's Syndrome
- ☐ Recent history of Chemotherapy
- ☐ Other medical conditions which would prohibit or compromise placement and retention of eyelash extensions

_____ I agree to the following eyelash extension follow-up and maintenance instructions:

- ☐ No waterproof mascara
- ☐ No oil-based products around the eye area
- ☐ No water can come in contact with the eye area for 4~5 hours after the application
- ☐ No use of pool, sauna or spa for 48 hours after the application
- ☐ No tinting or perming of eyelash extensions
- ☐ No pulling or rubbing of the eyelash extensions

This agreement will remain in effect for this procedure and all future follow-ups conducted by the certified eyelash extension professional. I read English and understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement.

Client Signature _____

Date _____