



**Eyelash Extension Consent Form** Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

\*\*Your email address & contact info will not be sold or given to any 3<sup>rd</sup> party\*\*

\_\_\_\_\_ I understand and consent to having my eyes closed and covered for the duration of the 90-150 minute procedure. I understand that to finish the procedure I will have my eyes open and will have instruments near my eyes. I understand that the adhesives used may cause my eyes to water and blink to excess preventing application.

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

- Current use of contact lenses which I agree to remove during each lash application.
- Current use of anything such as oil-containing sunscreen or moisturizer around the eyes.
- Current use of eye drops of any kind, prescription or over the counter.
- Current allergies/sensitivities to instruments, fumes, tapes, cleaners, eye gel pads, adhesives, and removers that could cause eyes to water and blink excessively.
- History of recurrent eye or tear duct infections.
- History of dry eye.
- Recent history of Chemotherapy
- Other medical conditions which would prohibit or compromise placement and retention of eyelash extensions. Please Explain: \_\_\_\_\_

I, the undersigned (“Customer”), consent to have synthetic eyelash extensions attached to my natural eyelashes (the “service”) by Spa Lavender and Its staff, contractors and employees (collectively herein, the (“Service Provider”). The service and its associated risks have been explained to me by the service provider in terms that I understand. The explanation included the following:

- The benefits of the service;
- The nature of the service and how the service will be performed;
- The types of materials and adhesives used during the service;
- The most frequent occurring risks of the service, and those risks which are unlikely to occur but which may involve serious consequences, including but not limited to the risk of experiencing: (A) Blepharitis and its associated symptoms, (B) Allergic reactions to the adhesive material used to attach the eyelash extensions to my natural eyelashes and to the synthetic eyelash material, (C) Traction Alopecia and its associated symptoms; (D) an eye or other injury due to synthetic and/or natural eyelashes falling on or into the eye; and (E) an eye or other injury occurring during the performance of the service;
- How to properly care for the synthetic eyelashes applied during the service; and
- How often I should expect to need to repeat the service and the best methods for caring for the synthetic eyelashes after the service is performed; and
- Factors that affect retention of eyelashes.

I was given the opportunity to ask the Service Provider any questions I have regarding the Service and I have had those questions answered to my satisfaction. Based on the foregoing, I hereby assume all of the risks associated with the Service, whether known or unknown, including but not limited to, the risk of personal injury or property damage. As consideration for Service Provider performing the Service, I forever release Service Provider from any and all actions, claims, demands that I no have, or may have in the future, for injury or property damage in any way related to the Service. By signing below I verify that I have read and understand the above statements and agree to them. By signing below, I verify that I have read and understand the above statements and agree to them.

**Cancellation Policy:** By signing this intake form you agree that if you need to cancel or reschedule an appointment, you will have to do so within 24 hours of your appointment, to avoid being charged a fee. Any same day cancellations, not showing up to your appointment or changing your appointment the same day will result in a \$25 cancellation fee.

Client Signature (Parent/Guardian if Minor): \_\_\_\_\_ Date: \_\_\_\_\_