

Eyelash extension client consent/liability release form

Read and initial

_____ I understand that I must read and consent to all facts, questions and risks related to the service. Answering all consultation questions truthfully for the safety of myself and the technician.

_____ I understand that the eyelash extensions will be applied to my natural eyelash with techniques determined by the technician to create a desired look that is safe for my lash health. There may be risks associated with applying/removing eyelash extensions such as; eye irritation, discomfort, redness, and in extreme cases infection may occur.

_____ I understand that in the rare case of extreme irritation, lashes must be removed by professional which may further eye irritation. I agree to seek professional medical care (at my own expense) and contact my technician immediately if allergic reaction occurs. I understand the procedure and the risks.

_____ I understand and agree to follow all aftercare instructions, or it may result in damage to lashes. If there are any issues, I agree to contact technician within 24 hours. Anything past 24 hours will be considered a result of self care and maintenance.

Y_____ or N_____ I grant permission to use my before and after photos for marketing or examples of technicians work. (Before and after photos are a permanent part of technicians records, you may opt out of marketing.

I (print full name) _____ understand that this is a legally binding agreement giving the technician full consent to perform services on me. Releasing any and all liability associated with services, waiving all my rights to any claims against the technician and Wholistic Health the Wellness Spa.

Signature: _____ Date: _____

Parent or guardian signature(if under 18): _____

Date: _____ phone: _____

