

Eyelash Extension Consent Form

Eyelash extensions are not for everyone. It is a high-maintenance beauty treatment that requires gentle care for the lashes to remain in good condition. The procedure involves an individual synthetic lash that is attached one-by-one to each individual lash, not the skin, using a medical grade adhesive (Sensitive or Full Strength). Due to the nature of natural hair growth, the extensions will last anywhere from 4 to 8 weeks. However, it is highly recommended to have a touch up 2 to 3 weeks after the initial application. Eyelash extensions do not harm your natural lashes and will fall out as your own lash matures.

I _____ (Pls. print full name)

agree to have eyelash extensions applied to my natural eyelashes and/or removed & re-touched. By signing this agreement, I consent to the placement or removal of the eyelash extensions by the certified eyelash extension professional.

**** Please put your initials on the lines provided below after reading paragraph.**

_____ I understand there are risks associated with having artificial eyelashes/eyelash extensions applied to or removed to my natural eyelashes. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blindness could occur. I agree that if I experience any of these medical conditions with my lashes that I will contact the certified eyelash extension professional, have the eyelashes removed immediately and consult a physician at my own expense.

_____ I understand that to have the eyelashes removed by the certified extension professional will incur a removal cost of \$30. If I decide to remove my lashes on my own, I will not hold the technician or HOB liable for anything that may occur as a result. If after removal of lashes I wish to reapply them, I understand that there will be no discounted rate and I will be paying the cost specified for a full set of lashes in the House of Beauty menu.

_____ I understand that even though the certified eyelash extension professional applies or removes the eyelash extensions using the proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may irritate my eyes or require a physician's follow-up care and subsequent removal of the eyelash extensions.

_____ I understand and agree to the care instructions provided by the certified eyelash extension professional for the use & care of my eyelash extensions. I realize and accept the consequences that could occur.

_____ I agree to the following eyelash extension post-op and maintenance instructions: No waterproof mascara only recommended one by technician. No prescription or over-the-counter drying eye drops. No oil based products around the eye area. No water in contact with the eye area for 24 hours of the application (swimming, showering, etc.), No tinting, perming or cutting of eyelash extensions. No continuous pulling or rubbing of the lashes.

Eyelash Extension Consent Form

Eyelash extensions are not for everyone. It is a high-maintenance beauty treatment that requires gentle care for the lashes to remain in good condition. The procedure involves an individual synthetic lash that is attached one-by-one to each individual lash, not the skin, using a medical grade adhesive (Sensitive or Full Strength). Due to the nature of natural hair growth, the extensions will last anywhere from 4 to 8 weeks. However, it is highly recommended to have a touch up 2 to 3 weeks after the initial application. Eyelash extensions do not harm your natural lashes and will fall out as your own lash matures.

I _____ (Pls. print full name)

agree to have eyelash extensions applied to my natural eyelashes and/or removed & re-touched. By signing this agreement, I consent to the placement or removal of the eyelash extensions by the certified eyelash extension professional.

**** Please put your initials on the lines provided below after reading paragraph.**

_____ I understand there are risks associated with having artificial eyelashes/eyelash extensions applied to or removed to my natural eyelashes. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blindness could occur. I agree that if I experience any of these medical conditions with my lashes that I will contact the certified eyelash extension professional, have the eyelashes removed immediately and consult a physician at my own expense.

_____ I understand that to have the eyelashes removed by the certified extension professional will incur a removal cost of \$30. If I decide to remove my lashes on my own, I will not hold the technician or HOB liable for anything that may occur as a result. If after removal of lashes I wish to reapply them, I understand that there will be no discounted rate and I will be paying the cost specified for a full set of lashes in the House of Beauty menu.

_____ I understand that even though the certified eyelash extension professional applies or removes the eyelash extensions using the proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may irritate my eyes or require a physician's follow-up care and subsequent removal of the eyelash extensions.

_____ I understand and agree to the care instructions provided by the certified eyelash extension professional for the use & care of my eyelash extensions. I realize and accept the consequences that could occur.

_____ I agree to the following eyelash extension post-op and maintenance instructions: No waterproof mascara only recommended one by technician. No prescription or over-the-counter drying eye drops. No oil based products around the eye area. No water in contact with the eye area for 24 hours of the application (swimming, showering, etc.), No tinting, perming or cutting of eyelash extensions. No continuous pulling or rubbing of the lashes.

_____ I understand and consent to having my eyes closed for the duration of the 90-150 minute procedure.

_____ This agreement will remain in effect for this procedure and all future procedures 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. I am over 18 years of age and consent to this agreement and treatment.

**** Please inform the certified eyelash extension professional of the following conditions by marking with a check “√” below.**

- _____ I have had eyelash extensions before.
- _____ I have sensitivities, that I know of, to instruments, fumes, tapes, cleaners, eye gel pads, adhesives, and removers that could cause irritation of any kind.
- _____ I have latex allergies
- _____ I have seasonal allergies
- _____ I currently use contact lenses.
- _____ I currently use something around the eyes (describe) _____
- _____ I suffer from claustrophobia
- _____ I have a history of recurrent eye or tear duct infections
- _____ I have a history of dry eyes or sensitive eyes
- _____ I have a recent history of Chemotherapy
- _____ Medications _____
- _____ Other medical conditions which would prohibit or compromise placement & retention of eyelash extensions

I release my technician, Birgit McGinnis and House of Beauty Salon & Spa, from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the technician has been professionally trained to use. There are no guarantees for the bonding time length of the eyelash extensions. I understand the aftercare instructions and will do my part to maintain my eyelash extensions. I understand that there are many factors that may cause a reaction or affect the life of the eyelash extensions such as water and moisture contact, weather conditions, and activities involving exposure to high temperatures, etc.

By signing below, I verify that I have read and understand the above statements and agree to them. All my questions have been answered and I am comfortable with my decision and allow my technician to perform the procedure. I also hereby grant House of Beauty Salon & Spa the full right to take, publish and reproduce photographs of my eyelashes, both before and after this procedure, for any advertising or educational purposes. I understand that my identity will be kept confidential.

Signature: _____ Date: _____

_____ I understand and consent to having my eyes closed for the duration of the 90-150 minute procedure.

_____ This agreement will remain in effect for this procedure and all future procedures 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. I am over 18 years of age and consent to this agreement and treatment.

**** Please inform the certified eyelash extension professional of the following conditions by marking with a check “√” below.**

- _____ I have had eyelash extensions before.
- _____ I have sensitivities, that I know of, to instruments, fumes, tapes, cleaners, eye gel pads, adhesives, and removers that could cause irritation of any kind.
- _____ I have latex allergies
- _____ I have seasonal allergies
- _____ I currently use contact lenses.
- _____ I currently use something around the eyes (describe) _____
- _____ I suffer from claustrophobia
- _____ I have a history of recurrent eye or tear duct infections
- _____ I have a history of dry eyes or sensitive eyes
- _____ I have a recent history of Chemotherapy
- _____ Medications _____
- _____ Other medical conditions which would prohibit or compromise placement & retention of eyelash extensions

I release my technician, Birgit McGinnis and House of Beauty Salon & Spa, from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the technician has been professionally trained to use. There are no guarantees for the bonding time length of the eyelash extensions. I understand the aftercare instructions and will do my part to maintain my eyelash extensions. I understand that there are many factors that may cause a reaction or affect the life of the eyelash extensions such as water and moisture contact, weather conditions, and activities involving exposure to high temperatures, etc.

By signing below, I verify that I have read and understand the above statements and agree to them. All my questions have been answered and I am comfortable with my decision and allow my technician to perform the procedure. I also hereby grant House of Beauty Salon & Spa the full right to take, publish and reproduce photographs of my eyelashes, both before and after this procedure, for any advertising or educational purposes. I understand that my identity will be kept confidential.

Signature: _____ Date: _____