



EYELASH EXTENSION CONSENT FORM

Although every precaution will be taken to ensure your safety and well-being before, during and after your lash extension application, please be aware of the following information and possible risks. Please initial:

___ I understand that a full set of eyelash extensions can make the appearance of my own lashes about 30 to 50% thicker, and make my lashes appear 20 to 50% longer.

___ I understand that eyelash extension services have some inherent risks of irritation to the orbital I area, including the eye itself, and should result in stinging and burning, blurry vision and potential blindness should the adhesive enter the eye or should an allergic reaction occur.

___ I understand that some irritation, itching or burning may occur on the skin if the bonding agent comes into contact with it.

___ I understand that this is a semi permanent procedure, as my natural lashes will continue to grow and fall out normally, making up or "fill" appointments necessary to maintain the original look achieved by replacing the lashes that have fallen out. A fill appointment is every 2 to 4 weeks.

___ I understand after 4 weeks, a fill will be considered a new set and scheduled as such. (-\$30 for existing clients who don't need a new after care package)

___ I understand that while every attempt will be made to provide me with the length and fullness I have chosen, my final results may not be what I initially envisioned.

___ I understand that my lashes will be assessed and only eyelash extensions will be applied that will not cause damage to my natural lashes. This may result in an outcome that is less dramatic than my initial desired look.

___ I understand that is imperative that I disclose all of the information requested in the client profile/information card.

___ I have cited all conditions and circumstances regarding my health history, medications being taken, and any past reactions to procedures for medications.

___ I understand that additional conditions could occurred or be discovered during the procedure which could affect my ability to tolerate the procedure.

___ I agree to the following eyelash extension post application and maintenance instruction: No waterproof mascara. No oil based products around the eye area. No tinting or perming of eyelash extensions. No continuous pulling or rubbing of the eyelash extensions. No cotton or Q-tips on the eyelash extensions. Keep eyelash extensions and I area clean by daily cleansing with lash shampoo that was provided or sold to you. I will protect my eyes from excessive heat from ovens, hot showers, bonfires, barbecues or any other form of excessively hot situations.

___ I understand that consuming caffeinated beverages prior to my lash appointment can cause jittery eyes resulting in compromise work conditions for the lash artist.

___ I understand that time is allotted for my appointment and if I am late the appointment will end when originally scheduled.

___ This agreement will remain in effect for this procedure and all the future procedures conducted by Tiffany shipper. I have read and fully understand all information in this agreement. I am over 18 years of age or and consent to the agreement.

___ I release Elite Lash Artistry/Tiffany Shipper from all liabilities associated with this procedure. I will hold her harmless and nameless from any liability that may result from this treatment

___ I give permission to have pictures before and after of my procedure to be used in marketing purposes, in room decor and social media.

___ I understand of the prices are subject to change. Proper notification will be given

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosure. I certify that I have read, and fully understand, the above paragraph and that I have had sufficient opportunity for discussion you have any questions answered.

Client Name (print)_____

Client Name (signature)_____

Date _____

Tiffany Schipper_____