

Eyelash Extension Consent Form

Arch Salon Inc.

I _____ 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 removal of the eyelash extensions by the certified eyelash extension professional.

_____ I understand there are risks associated with artificial eyelashes and eyelash extensions applied to or removed from 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 and have the eyelashes removed immediately and consult a physician at my own expense. I understand that even though the certified eyelash extension professional applies or removes the eyelash extensions using proper technique, the instruments, tapes, cleansers, 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 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, damage the extensions and/ or decrease the time the lashes will last.

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

_____ 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 moisturiser around the eye
- Current use of eye drops of any kind, prescription or over the counter
- Current allergies or sensitivities to instruments, fumes, tapes, cleansers, eye gel pads, adhesives, and removers that could cause my eyes to water and blink to excess
- History of claustrophobia
- History of recurrent eye or tear duct infections,
- History of dry eyes
- Recent history of chemotherapy
- Other medical conditions which prohibit or compromise placement and retention of eyelash extensions

_____ I agree to the following eyelash extension post-op and maintenance instructions:

- No waterproof mascara
- No oil based products around the eye area
- No tinting or perming of eyelash extensions
- No prescriptions or over the counter eye drops
- No water can come in contact with the eye area for 24 hours of the application
- No continuous pulling or rubbing of the prescriptions lashes

_____ 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 the agreement and to treatment.

I release my certified eyelash extension professional and Arch Salon Inc. from all liability associated with this procedure. I agree to indemnify, defend and hold harmless my certified eyelash extension professional and Arch Salon Inc. from any Errors or Omissions. 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 affect the life of the eyelash extensions such as water and moisture contact, weather conditions, and activities involving exposure to high temperatures.

By signing below, I verify that I have read and understand the above statements and agree to them.

Client Print Name

Certified Eyelash Extensions Professional Print Name

Client's Signature

Certified Eyelash Extensions Professional Signature

Date

Date

Permission is granted to take before and after photos of my eyes/ face, which may be used for any type of marketing purposes (websites, brochures, business cards, etc.)

Client Signature

Date

Client Phone Number

Client Email Address