EYELASH EXTENSIONS BY LASHES EYE LOVE

I have agreed to have Eyelash Extensions by Lashes Eye Love applied to and/or removed from my eyelashes. Before my qualified professional can perform this procedure, I understand I must complete this agreement and provide my informed consent by signing and dating where indicated below.

1. **Waiver of Liability. I understand there are risks associated with having artificial eyelashes applied to and/or removed from my existing eyelashes, and that notwithstanding the utmost of care in the application or removal of these products, there still exists risks associated with the procedure and product itself, which include, without limitation, eye irritation, eye pain, discomfort, and, in rare cases, blindness when improperly handled. As part of this procedure, I understand that a certain amount of eyelash adhesive material will be used to attach artificial eyelashes to my existing eyelashes. Even though the professional may apply or remove my extensions properly, I understand adhesive material may become dislodged during or after the procedure, which may irritate my eyes or require further follow-up care, at my own expense to prevent damage to my eyes. I also understand there is more than one technique for applying eyelash extensions to my existing eyelashes, and I will not attribute any liability to Lashes Eye Love as a result of this procedure or the sue and care of these lashes. I also agree to defend, indemnify and hold harmless Lashes Eye Love from any and all claims, actions, expenses, damages, and liabilities, including reasonable attorneysʼ fees, which might be asserted against them as a result of my having this procedure performed, or my purchase of these eyelash extension products.**
2. **Permission To Use Pictures. I hereby grant Lashes Eye Love the full right to take, publish and reproduce photographs of me, my face, my eyes and/or eyelashes, both before and after this procedure, for any advertising, education, or other purposes whatsoever, including the right to retouch these photographs as deemed necessary by Lashes Eye Love. I further expressly assign any copyright in these photographs to Lashes Eye Love.**
3. **Care and Maintenance. I agree to follow the care and maintenance instructions provided by Lashes Eye Love for the use and care of my eyelash extensions and that if any follow up care is required due to my own mistake or negligence, or failure to follow these instructions, this will be at my own expense or risk. I understand that if I do any of the following, it may result in damage to my newly applied extensions or may cause my lashes to fall of prematurely. Knowing this I agree to follow these tips for best results: I will avoid oil based eye products, as these will loosen the bond of my eyelash extensions. I will avoid getting my lashes wet within the first 24 hours after my application. For the first two days after application. I understand it is best to avoid swimming, saunas or steam rooms. If I experience any itching or irritation, I agree to contact Lashes Eye Love immediately to have the lash extensions removed. I agree to avoid using waterproof mascara and to not use an eyelash curler, perm, or tint my lash extensions. I agree to not pick, pull or rub my eyelash extensions. I understand that I should not attempt to remove my lash extensions on my own or with any product, but that the procedure requires that my lash extensions be professionally removed.**
4. **No known Medical Conditions. Informed consent. I acknowledge that I have been advised of the potential harmful or negative side effects (such as the premature shedding of my eyelashes) that the lash extension procedure or removal may cause to those who have specific medical or skin conditions. I understand that the adhesives and adhesive remover are a skin, eye and mucus membrane irritant and that in rare cases persons may be allergic or have hypersensitivity to synthetics, cyanoacrolate or formaldehyde which in very small amount may be present in the adhesive. I understand that the procedure requires that I lay still for up to 2 hours with my eyes shut and that if I wear contacts, I must remove my contact lenses for the duration of the lash extension application or removal. I further state that I have no known medical condition that might be aggravated by the procedure or any medical condition that would prevent me from complying with or heeding to Lashes Eye Loveʼs instructions or these warnings.**

|  |
| --- |
| I AGREE TO THE FOLLOWING: |
| I understand there are risks associated with having eyelashes applied to and/or removed from my natural eyelashes.  YES Initial\_\_\_\_\_\_\_\_\_ |
| I understand that the eyelash extensions will be applied to the natural lash as determined by the eyelash extension technician so as not to create excessive weight on the natural eyelash thereby preserving the health, growth, and natural look of the client’s natural eyelashes.  YES Initial\_\_\_\_\_\_\_\_\_ |
| I understand as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection may occur.  YES Initial\_\_\_\_\_\_\_\_\_ |
| I understand and agree that if I experience any of these issues with my lashes, I will contact Lashes Eye Love and have the eyelashes removed immediately and consult a physician at my own expense.  YES Initial\_\_\_\_\_\_\_\_\_ |
| I understand that even though the technician may apply and remove the eyelashes properly, that adhesive materials may become dislodged during or after the procedure, which may irritate my eyes or require further follow up care.  YES Initial\_\_\_\_\_\_\_\_\_ |
| I understand and agree to follow the after care instructions provided by my technician. Failure to follow the after care instructions can cause eyelash extensions to fall out.  YES Initial\_\_\_\_\_\_\_\_\_ |
| I understand that in order to have the eyelash extensions applied to my eyelashes, I will need to keep my eyes closed for a duration of approximately 2 hours (120 minutes) during the entire procedure. I also understand that I will need to be lying in a reclined position. Any medical conditions that might be aggravated by lying still for prolonged periods of time may mean that I will not be able to have the procedure performed on my eyes.  YES Initial\_\_\_\_\_\_\_\_\_ |

This agreement will remain in effect for this procedure, and all future procedures conducted by Lashes Eye Love. I agree that this agreement is binding upon me, and my heirs, legal representatives and assigns. I represent that I am over 18 years of age and that I have the right to enter this agreement, or if I am under 18 years of age, I have had my parent or legal guardian consent to this agreement, and his or her relationship to me is as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If below 18 years of age a parent or guardian must sign and be present for the appointment. By his or her signature below, he or she ratifies and consents to this procedure under these terms.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EYELASH EXTENSIONS BY LASHES EYE LOVE

Is this your first time you have had lash extensions applied? (Circle one) Yes No

Do you do any of the following to your lashes?(Circle all that may apply) Curl Perm Tint

Are you having lash extensions for: (Circle one) Special occasion Daily Wear

Do you wear contacts?(must be removed prior to extension application or glue may get underneath the contact lens) Yes No

Are you allergic to adhesive (glues, tapes, band-aids)? Yes No

Have you taken chemotherapy treatments within the last 6 months? Yes No

Do you take thyroid medications? Yes No

Have you had Lasik surgery less than 4 months ago? (must wait 4 weeks post-op exam for medical consent) Yes No

If Yes, When:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had a Blephoroplasty? (must wait 6 months post-op for medical consent) Yes No

If Yes, When:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have extremely oil skin and hair? (Natural oils will break down the adhesive used to bond the eyelash extensions causing the eyelash extensions to fall out) Yes No

Do you habitually rub, pull, or pick your lashes for any reason? Yes No

Do you have, or are being treated for any eye illness or injury? Yes No

Are you able to keep your eyes closed for up to 2 hours? Yes No

Please check off the any of the following that might apply to you:

\_\_ Lasik eye surgery  \_\_ permanent eye make up  \_\_ blephroplasty (eye lift) \_\_ alopecia

\_\_ child birth within the last 120 days   \_\_ thyroid diseases  \_\_ allergic to glycerin

 \_\_ hyper-sensitivity to cyanoacrylate or formaldehyde or certain adhesives/glues \_\_ iron deficiency

\_\_ hormonal imbalance or extreme stress  \_\_ major surgery within the last 120 days  \_\_ eating disorder

 \_\_ drugs that can cause temporary hair loss \_\_ chemotherapeutic agents used in cancer treatment