

Eyelash Extension Consultation and General Liability Release Form

Name: _____

Emergency contacts name / phone number: _____

I am informing the certified eyelash extension professional of the following conditions by marking with a check:

- Current use of contact lenses, which I will remove during the procedure.
- Current use of anything such as oil-containing sunscreen or moisturizers around the eyes.
- Current use of eye drops of any kind, prescription or over-the-counter.
- Current allergies (latex, acrylates (such as acrylic nails), glue tapes, band aids, etc)
- Current list of sensitivities (itchy eyes, seasonal hay fever)
- History of recurrent eye or tear duct infections
- History of dry eyes or Sjorgen's Syndrome
- Chemotherapy in the past six months
- Lasik surgery in the past four months
- Blephoroplasty (eyelid surgery) in the past six months
- Medical conditions such as thyroid problems, alopecia (Sudden hair loss that starts with one or more circular bald patches that may overlap), or Trichotillomania (disorder that involves recurrent, irresistible urges to pull out body hair)
- Other medical conditions which would prohibit or compromise placement and retention of eyelash extensions.

Desired length/style of extensions: (natural, longer, dramatic, etc)

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

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 a certified eyelash extension professional.

I understand and consent to having my eyes closed and covered for the duration of each session (approximately 30-120 minutes). Times may vary depending on the type and number of eyelashes applied. Any medical conditions that might be aggravated by lying still for a prolonged period of time may mean I will not be able to have the procedure performed on my eyes.

I understand that eyelash extensions are a semi-permanent procedure that requires ongoing maintenance, and that refill fees are based on the time needed for the refill appointments. If I wait too long between refills, I may be required to pay for a new full set. Routine refill appointments should be booked every 2 to 3 weeks.

If I no longer wish to wear the eyelash extensions, I will schedule an appointment to have them removed. I will not try to remove them myself.

I understand that lash extension services have some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging and burning, blurry vision and potential blindness

should the adhesive enter the eye or should an allergic reaction occur. I will seek medical care (at my own expense) immediately if any allergic or adverse reaction occurs. I will contact Salon Di Marco & Day Spa to discuss ongoing wear of eyelash extensions and/or immediate removal of the eyelashes based on the medical advice provided by your physician.

_____ I grant permission to use my before and after photos for marketing or examples of my technicians work. I may opt out of the usage of such photos for all marketing purposes, but I understand that before and after photos are required as part of Salon Di Marco & Day Spa's internal records.

_____ I understand and agree to the after-care instructions provided by the certified eyelash extension professional for the use and care of my eyelash extensions. I understand that failure to follow to these instructions will cause the eyelash extensions to fall out and/or decrease the time the lashes will last.

_____ I agree to the following eyelash extension follow-up and maintenance instructions:

- _____ No waterproof mascara
- _____ No oil based products around the eye area
- _____ No water can come in contact with the eye area for 24 hours after the application
- _____ No exposure to heat or steam for 48 hours after the application
- _____ No tinting, perming, or curling of eyelash extensions
- _____ No pulling or rubbing of the eyelash extensions
- _____ Should any kind of eye drops be necessary extra care should be taken to prevent moisture from coming into contact with the eyelash extensions

_____ 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 exist 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 the artificial lashes to my existing eyelashes. Even though the certified eyelash extension professional may apply or remove my artificial lashes 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 artificial lashes to my eyelashes, and I will not attribute any liability to Salon Di Marco and Day Spa and its employees as a result of this procedure or the use and care of these lashes. I also agree to defend, indemnify and hold harmless Salon Di Marco and Day Spa and its employees from any and all claims, actions, expenses, damages and liabilities, including reasonable attorneys' fees that might be asserted against them as a result of my having this procedure performed.

_____ All of my questions were answered and I understand the procedure and risks.

This agreement will remain in effect for this procedure and all future follow-ups 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 the eyelash extension application procedure.

Client signature: _____ Date: ____/____/____

Technician signature: _____ Date: ____/____/____

Notes: