



## Consent for Eyelash Extension Application

**407-463-8444**

Your Full Name \_\_\_\_\_

Email \_\_\_\_\_

Cellphone \_\_\_\_\_ Home phone \_\_\_\_\_

I \_\_\_\_\_ wish to have eyelash extensions applied to my natural eye lashes.

\_\_\_\_\_ I am over the age of 18. (if under 18 parental consent must be signed Below.

\_\_\_\_\_ I understand that this is a semi-permanent cosmetic procedure.

\_\_\_\_\_ I understand that it is my responsibility to keep my eyes closed and be still during the entire procedure, until my eyelash technician addresses me to open my eyes.

\_\_\_\_\_ I understand that some risks of this procedure may be but not limited to eye redness and irritation. The fumes from the adhesive may cause my eyes to tear up if I open my eyes.

\_\_\_\_\_ I agree to disclose any allergies that I may have to latex, surgical tapes, cyanoacrylate, Vaseline. etc.

\_\_\_\_\_ I understand that while this is a gentle and relatively safe procedure, there are some risks associated with the application. Specifically, the danger of having sharp objects close to the eye area and the risk of accidental to cyanoacrylate glue and cyanoacrylate remover. I understand that the technician who is applying the eyelash extensions has been trained in the proper safety, applications and removal of said eyelash extensions.

\_\_\_\_\_ I currently do not have any eye infections or other know problems with my eyes.

\_\_\_\_\_ I understand that I am required to follow the eyelash extensions care sheet in order to maintain the life of these extension.

\_\_\_\_\_ I give Van Landry (Lash Brow Lash) permission to show before and after digital photo images of my eyelashes to other clients potential clients in promotional materials including internet/ social media sites.

\_\_\_\_\_ Furthermore, I will not hold the business of the technician, the technician, the distributor, or the manufacture liable for any damages of any nature that may occur to my face, eyes or body due to application of the eyelash extensions.

\_\_\_\_\_ I understand everything described above, have had all of my questions answered, agree that it is all true and correct and by my signature below I agree to the above.

Signature of client or guardian: \_\_\_\_\_

Date \_\_\_\_\_

Service Provider \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_