

Full Name: _____

Initial:

_____ I understand that this procedure requires single synthetic eyelash to be glued to my own natural eyelashes.

_____ I understand that this is my responsibility to keep my eyes closed and still during the entire procedure, until my lash technician tells me I can open them.

_____ I understand that there are some risks of this procedure may be not limited to eye redness and irritation. The fumes from the adhesive may cause my eyes to tear up when I open my eyes.

_____ I agree to disclose any allergies I have to latex, surgical tapes, cyanoacrylate, vaseline, etc.

_____ I agree by reading and signing this consent form, I release _____ from any claims or changes in any of the nature.

_____ **No refunds** if there is any irritation, _____ can remove the lashes and you must follow up with doctor visit if symptoms occur.

_____ Please silence or turn off your phone before the procedure.

I confirm and agree to engaged the services of _____ to apply my eyelash extensions.

Signature: _____ Date: _____

Cell Phone Number: () -
