Eyelash Extension Consent & Release Form

The Service

I am requesting eyelash extensions, a lash lift, a lash tint or a related lash service from . I understand that eyelash extensions are synthetic or natural fibers bonded to my natural lashes one at a time with a semi-permanent adhesive, and that the procedure takes place with my eyes closed and may last one to three hours.

Eye Health and Allergies

I confirm that I have disclosed any of the following that apply to me:

- allergies to adhesives, cyanoacrylate, formaldehyde, latex, tape, eye pads or cosmetics;
- previous reactions to lash extensions, lash lifts, tints or eye makeup;
- eye infections, conjunctivitis, styes, blepharitis or dry eye;
- eye surgery, including LASIK or cataract surgery, in the past six months;
- thyroid conditions, alopecia, chemotherapy or other causes of lash loss;
- trichotillomania or a habit of rubbing or pulling my lashes; and
- pregnancy, breastfeeding or hormone treatments.

I will remove contact lenses before the appointment.

Patch Test

 has offered me a patch test before my first full set. I understand that a patch test reduces but does not remove the risk of a reaction, and that a reaction can develop even after previous sets with no problems. If I declined the patch test, I accept the additional risk.

Risks

I understand that eyelash services may cause:

- irritation, watering, redness or stinging of the eyes from adhesive fumes;
- an allergic reaction, including swelling of the eyelids, itching or rash, which may need medical treatment;
- infection if aftercare is not followed;
- weakening, breakage or loss of natural lashes, especially if extensions are pulled or picked; and
- discomfort from eye pads or tape.

If I experience pain, swelling, discharge or blurred vision, I will contact and seek medical care promptly.

During the Appointment

I will keep my eyes closed throughout the application and tell the technician immediately if I feel stinging or discomfort. I understand that the technician may stop the service if it is not safe to continue.

Aftercare and Retention

I have received aftercare instructions and agree to follow them. I understand that natural lashes shed every few weeks, taking extensions with them, and that fills are needed to keep a full look. I understand that retention depends on my natural lashes, skin oils, sleeping position and aftercare, and that does not guarantee how long extensions will last.

Removal

I agree not to pull or pick off extensions, and to have them removed by a professional if I want them taken off. is not responsible for lash damage caused by improper removal at home.

Age

I confirm that I am at least 18 years old, or that my parent or legal guardian has signed this form on my behalf.

Release

I voluntarily accept the risks of eyelash services. To the fullest extent permitted by law, I release , its owners and technicians from claims arising from the service, including allergic reactions and natural lash damage, except claims caused by gross negligence or willful misconduct.

Photos

I agree that may take before and after photos of my lashes for my record. Photos will only be used for marketing if I give separate permission.

Please initial each statement

___ I have disclosed all allergies, eye conditions and recent eye surgery.
___ I was offered a patch test and understand that a reaction is still possible.
___ I will keep my eyes closed during application and report any discomfort right away.
___ I have received aftercare instructions and will have extensions removed professionally.
___ I release {{business}} from liability as described in this form, to the extent permitted by law.

Participant full name

Date

Date of birth

Phone

Email

Signature