

# Lash Consent and waiver



Although every precaution will be taken to ensure your safety and wellbeing before, during and after your lash extension application, please be aware of the following information and possible risks. Please initial:

1. I understand that a full set of lash extensions can make the appearance of my own lashes about 30-50% thicker, and make my lashes appear 20-50% longer. \_\_\_\_\_
2. 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. \_\_\_\_\_
3. I understand that allergic reactions may develop at any time with no fault to the business or lash technician. Please contact us immediately for a free removal. \_\_\_\_\_
4. I understand that this is a semi-permanent procedure, as my natural lashes will continue to grow and fall out normally, making touch-up or "fill" appointments necessary to maintain the original look achieved by replacing the lashes that have fallen out. Most clients require fill appointments every 2-3 weeks. However, we require 40% of lashes remaining or you may inquire additional costs. Any appointment booked with less than 40% will be considered a full set. \_\_\_\_\_
5. 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. \_\_\_\_\_
6. I understand that it is at the lash technician's discretion if another technicians work outside the salon, will be filled. We will not fill lashes that have severe damage or improper application techniques. \_\_\_\_\_
7. I understand that because this is a service there is no refunds available. We do have a 7 day retention policy, if you lose 50% lashes within the first week we will offer a free touch-up. A corrective touch up, or removal, to correct anything you were not happy with will be performed. \_\_\_\_\_
8. I understand that I need to show up to all lash appointments with clean, mascara free lashes. If I choose to show up with dirty lashes, anytime taken to properly cleanse the lashes will be deducted from my appointment time, leaving me with less application time. \_\_\_\_\_
9. I understand that this is a delicate procedure and I need to keep my eyes closed, refraining from using my cell phone. \_\_\_\_\_
10. I understand that I need to remove my contacts (if applicable) before the application process, to avoid contacts drying out or application materials, like glue, getting trapped under the contacts. \_\_\_\_\_

11. I consent to “before and after” photographs for documentation, potential advertising and promotional purposes. \_\_\_\_\_

I understand that if I have any concerns, I will address these with my lash extension specialist. I give permission to my lash extension specialist to perform the lash extension procedure we have discussed and will hold him/her and his/her staff harmless and nameless from any liability that may result from this treatment. I understand my lash technician will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the lash technician immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the lash technician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today. I understand that because this is a service there is no refunds available. I will have 7 days to contact YOLOve Beauty if I am dissatisfied. A corrective touch up, or removal, to correct anything you were not happy with will be performed.

Client Name (Printed)\_\_\_\_\_

Client Name (Signature)\_\_\_\_\_

Date:\_\_\_\_\_

Lash Technician:  
\_\_\_\_\_