Lotus Lash Extensions client consent and contact form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to have Lotus Lash Extensions apply eyelash extensions 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 the certified eyelash extension professional.

---------- I understand there are risks associated with having artificial eyelashes and eyelash extensions applied to or removed from my natural eyelashes. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blindness could occur. I agree that if I experience any of these medical conditions with my lashes that I will contact the certified eyelash extension professional and have the eyelashes removed immediately and consult a physician at my own expense. I understand that even though the certified eyelash extension professional applies or removed the eyelash extensions using the proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may irritate my eyes or require a physician’s follow-up care and subsequent removal of the eyelash extensions.

---------- I understand and agree to the care instructions provided by the certified eyelash extension professional for the use and care of my eyelash extensions. I realize and accept the consequences of failure to adhere to these instructions may causes the eyelash extensions to fall out, damage the extensions and/or decrease the time the lashes will last.

---------- I understand and consent to having my eyes closed and covered for the duration of the 45-150 minute procedure.

---------- I am informing the certified eyelash extension professional of the following conditions:

* Current use of contacts
* Current use of anything such as oil-containing sunscreen or moisturizers around the eyes
* Current use of eyedrops of any kind, prescription or over-the-counter
* Current allergies or sensitivities to instruments, fumes, tapes, cleaners, eye gel pads, adhesives, and removers that could cause my eyes to water and blink in excess
* History of claustrophobia
* History of recurrent eye or tear duct infections
* History of dry eyes or Sjorgen’s Syndrome
* Recent history of Chemotherapy
* Other medical conditions which would prohibit or compromise the placement and retention of eyelash extensions

---------- I agree to the following eyelash extension post-op and maintenance instructions:

* No waterproof mascara
* No prescription or over-the-counter eyedrops
* No oil based products around the eye area
* No water can come in contact with the eye area for 24 hours of the application
* No tinting or perming of the eyelash extension
* No continuous pulling or rubbing of the lashes

---------- This agreement will remain in effect for this procedure and all future procedures conducted by the certified eyelash extension professional. I read English and understand 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 treatment.

I release my technician or salon, Lotus Lash Extensions, from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the technician has been professionally trained to use. There are no guarantees for the bonding time length of the eyelash extensions. I understand that there are many factors that may affect the life of the eyelash extensions such as water and moisture contact, weather conditions, and activities involving exposure to high temperatures.

By signing below, I verify that I have read and understand the above statements and agree to them.

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

Signature

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

Parent/Guardian signature (If under 18)

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

Technician signature

Permission is granted to take before and after photos of my eyes / face which may be used for marketing purposes on our website or social media.

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

Signature

Client Contact

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us?

* Facebook
* Google
* Instagram

Referral Who?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviews are always appreciated! 😊**