

Eyelash Extension Client Waiver Consent form

FULL NAME: _____
TELEPHONE (Cell): _____
EMAIL ADDRESS: _____
REFERRED BY: _____

Please initial and sign at the bottom

_____ I understand that this procedure requires single or more synthetic eyelashes to be adhered to my own natural eyelashes.

_____ 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 my allergies I have to surgical tapes, cyanoacrylate, vaseline etc.

_____ I agree that by reading and signing this consent form. I release ilashluv LLC/JoAnn Batista from any claims or damages of any nature.

_____ I agree that I read and fully understand this entire consent form

_____ I am of sound mind and capable of executing this waiver or myself

_____ I give ilashluv LLC/JoAnn Batista permission to show my before and after photos of Eyelash to other potential clients.

_____ I have read and completed the Eyelash Extension intake & Consent for in it's entirety and have answered everything to the best of my ability. I have been informed of potentially harmful or negative side effects that may be caused by the application and/or removal of Eyelash Extensions.

_____ I confirm and agree that I wish to engage the services if ilashluv LLC/JoAnn Batista to Apply Eyelash Extensions.

PRINT YOUR NAME: _____

SIGNATURE: _____