

**CONSENT FORM TO MINK LASHES PROCEDURE**

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you had eyelash extensions in the past?**

* Yes
* No

**If you current have lashes, when was the last time you had a fill in?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you describe your natural lashes?**

* Short
* Frail
* Thick
* Curly
* Straight

**Why do you want eyelash extensions?**

* Special Occasion
* Low Maintenance
* Everyday Use
* I love the look
* I hate mascara
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What type of look are you wanting?**

* Natural/Classic
* Longer
* Thicker
* Heavy curl
* Glamorous
* Volume/Full
* Small curl
* Cat eye
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I have no idea

**List any allergies you may have:**

**List any medications that you are currently taking:**

**Have you ever had an allergic reaction to eyelash extensions?**

* Yes
* No

**Any notes or pertinent information that we should know regarding your lashes?**

**Terms & Conditions:**

* I acknowledge that I should not pluck, pull, or cut my lashes after they have been applied, or rub my eyes heavily.
* I agree to only use recommended products on my professional eyelash extensions. If I do not, my lash retention may be affected, and I will have to come in for a fill right away or another full set.
* I understand that a Certified Lash Artist (Esthetician or Cosmetologist) will apply my lash extensions, she/he is trained professionally and there are no refunds to the service, as after care is my responsibility.
* I understand that there are many variables including technician expertise, natural lash growth cycle, use of cosmetics and skin care products, and the overall maintenance given that will influence how long my eyelash extensions remain in place.
* I understand that there is a potential possibility of allergic reaction—as with all cosmetic products.
* I understand that using mascara on a regular basis will shorten the length of time my extensions will remain in place. I have also been advised not to use waterproof mascara on my eyelash extensions.
* I understand to not get my lashes wet or apply eye make-up for at least 24 hours after every lash appointment.
* I understand that touch-up/fill appointments are necessary as soon as two to three weeks after the applications and when my lashes are at least 50% full.
* I understand if I wait too long between fills, it may be a full set charge.
* **I agree to the above Terms & Conditions.**

**By signing below, I authorize a Certified Lash Artist, Licensed Esthetician, or Cosmetologist, to apply professional eyelash extensions to my lashes. The treatments I receive here are voluntary and I release this institution and/or professional from liability and assume full responsibility thereof. If any information changes between my appointments, I will let my specialist know.**

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Client Signature (Parent/Legal Guardian if client is under 18-years-old)

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Date