



Consent To Application of Lash Extensions

I _____ am over the age of 18, and am not under the influence of drugs or alcohol.

I understand the Lash Extension procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection. I have been informed of the nature, risks, and possible complications and consequences of Lash Extensions applied.

X _____

There is a possibility of an allergic reaction to the adhesive.

I have received the pre and post procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood altering prescription, I will advise my technician.

X _____

I understand that the taking of before and after photographs of the said procedure(s) is a condition of such procedure(s). I certify that I have read and initialed the above paragraphs and have had them explained to my understanding of what this consent and procedure permit. I accept full responsibility for the decision to have Lash Extensions applied.

Client Signature _____ Print: _____ Date _____

Technician Signature _____ Print _____ Date _____