

Rachel Rogers- The Lash Guru
425-516-1985
1837 5th Avenue
San Diego, CA 92103

Eyelash Lift Consent Form

Name_____Date_____
Address_____City_____
State_____ ZipCode_____ Phone_____
Email_____
How did you hear about us:_____

I agree to have an eyelash lift (perm) and/or eyelash tint applied to my natural eyelashes and/or retouched. By signing this agreement, I consent to the procedure of an eyelash perm or eyelash tint by my technician. I understand there are risks associated with having an eyelash perm and/or eyelash tint. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blurriness could occur. I agree that if I experience any of these medical conditions with my lashes that I will contact my technician and consult a physician at my own expense. I understand that even though my technician perms the lashes 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. I understand and agree to the care instructions provided by my technician for the use and care of my permed and/or tinted eyelashes. I realize and accept the consequences of failure to adhere to these instructions may cause the eyelashes to not stay permed as long as told. I understand and consent to having my eyes closed and covered for the duration of the 45-60 minute procedure:

I am informing my technician of the following conditions by marking with a check:

- Current use of contact lenses which I agree to remove during application____
- 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 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 process and retention of this eyelash perm____
- I understand and consent to having my eyes closed and covered for the duration of the 45-60 minute procedure____
- I understand there are no guarantees for curl tightness and RESULTS WILL VARY____
- Because RESULTS VARY and are NOT GAURANTEED, refunds will not be issued if curl results are not desired. There will be a 50% charge for re-do's____

I agree to the following eyelash perm post-op and maintenance instructions: No water can come in contact with the eye area for 24 hours after the application This agreement will remain in effect for this procedure and all future procedures conducted by my technician. I read English and understand that 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 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

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trained to use. There are no guarantees for length of time the lashes will stay permed. I understand the aftercare instructions and will do my part to maintain my eyelashes. I understand that there are many factors that may affect the life of the eyelash lift 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.

24-hour notice is required for any canceled or rescheduled appointment, or 100% of service price will be charged.

Signature: _____
Printed Name: _____
Technician signature: _____

Permission is granted to take photos of my eyes / face which may be used for marketing purposes.

Signature: _____
Date: ____/____/____