

# Client Waiver

Please read and initial the following statements:

\_\_\_\_\_ I understand the importance of disclosing my health history and have not withheld any conditions.

\_\_\_\_\_ I understand that synthetic eyelash extensions will be adhered to my natural eyelashes during this service.

\_\_\_\_\_ I understand that my technician can only apply extensions that are safe for your natural lashes to prevent damage.

\_\_\_\_\_ I understand that I am required to lie still with my eyes closed for an extended period of time and that opening my eyes prematurely can expose them to fumes which may irritate or cause a reaction.

\_\_\_\_\_ I understand the risks that may be associated with this service which include redness, irritation, allergic reaction and possible blindness.

\_\_\_\_\_ I understand that my natural lashes will grow and fall out and that fill appointments are required every 2-4 weeks to maintain the eyelash extensions.

\_\_\_\_\_ I understand that should an allergic reaction occur, a refund will not be issued but I can request a free removal of the eyelash extensions.

\_\_\_\_\_ I understand that proper aftercare must be followed to keep my extensions clean and healthy. An aftercare card will be provided after the service.

\_\_\_\_\_ I understand and agree that by signing this waiver I release the technician from any expenses, liabilities and damages that may come from this or any future procedures or purchases.

By signing below, I certify that I have read and understand these terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date