



Eyelash Extension Consultation and General Liability Release Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work: \_\_\_\_\_

Birth day Month \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_

Emergency contacts name / phone number: \_\_\_\_\_

Who referred you? \_\_\_\_\_

Allergies: (latex, acrylates-such as acrylic nails) Y \_\_\_\_\_ (explain): \_\_\_\_\_ N \_\_\_\_\_

Asthma or any respiratory (breathing) problems? Y \_\_\_\_\_ (explain): \_\_\_\_\_ N \_\_\_\_\_

Sensitivities (itchy eyes, seasonal hay fever): Y \_\_\_\_\_ (explain): \_\_\_\_\_ N \_\_\_\_\_

Medical problems: (such as thyroid, alopecia, hair pulling – Trichotillomania, etc) Y \_\_\_\_\_ (explain): \_\_\_\_\_

\_\_\_\_\_ N \_\_\_\_\_

Able to lie on your back for 2-3 hours? Y \_\_\_\_\_ N \_\_\_\_\_ Are you pregnant or planning to be? Y \_\_\_\_\_ N \_\_\_\_\_

Prior eyelash extension procedure? Y \_\_\_\_\_ N \_\_\_\_\_ Result? \_\_\_\_\_

Do you wear contact lenses? Y \_\_\_\_\_ N \_\_\_\_\_ Will you remove them? (It is recommended to remove lenses) Y \_\_\_\_\_ N \_\_\_\_\_

Type of eye makeup remover and mascara? \_\_\_\_\_

Desired length/style of extensions: (natural, longer, dramatic, cat eye, embellished) \_\_\_\_\_

Sleeping on my face, extreme weather changes, steam, sauna, and other activities may damage the adhesive or crimp the extensions and may require more frequent refills. I reviewed and understand the aftercare instructions and will do my part to help maintain my eyelash extensions. Initial \_\_\_\_\_

I understand that eyelash extensions require ongoing maintenance (similar to a nail rebase) and that "Refill" fees are based on time and / or the number of extensions that need to be replaced at the "Refill" appointments. If I wait too long between "Refills", I may need to pay for a new full set. If I no longer wish to wear the eyelash extensions, my technician will remove them and I will not try to remove them myself and there may be a fee for removal of the eyelash extensions. Initial \_\_\_\_\_

I will seek medical care (at my own expense) and contact my NaturaLash Technician immediately if any allergic or adverse reaction occurs. All of my questions were answered and I understand the procedure and risks. Initial \_\_\_\_\_

I grant permission to use my before and after photos for marketing or examples of my technicians work. Initial Y \_\_\_\_\_ N \_\_\_\_\_ (Before and after photos are a permanent part of the Technician's records. You may opt out of marketing purposes)

I release **FANTASTIC I LASH** and my Certified **FANTASTIC** Technician or Salon (\_\_\_\_\_) from any and all liability associated with this procedure (which will be performed with the utmost attention to safety and proper application using tools and products that the Technician has been trained and certified to use. NaturaLash provides extensive, safe eyelash extension application training and is not responsible for any Technician errors or misunderstandings.) This procedure has many variables due to lifestyle, moisture, weather, extreme temperatures, natural eyelash shedding, and other factors. The Technician will assess and decide if I am a candidate for this service to the best of their ability. No guarantees are made or implied. Initial \_\_\_\_\_

By signing below, I verify that I have read and understand the above statements and agree to them. I also read and initialed the space above. (A separate insurance release form may also need to be signed that provides coverage for this procedure.)

Client signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Technician signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: