# EYELASH EXTENSIONS CONSENT FORM

By signing this form, I'm acknowledging and understanding that the terms of this service as well as the information listened below. This agreement will remain in effect for the duration of the service, and for any proceeding eyelash extension services in the future conducted with this artist. I consent to this agreement and eyelash extension application/removal services.

**NAME:** _____

**PHONE:** _____

**EMAIL:** _____

Allergies? If yes, Please list: _____

- ☐ No
- ☐ Yes

- ☐ I consent to the application, removal, and/or re-touching of the eyelash extensions to the natural lash.

- ☐ I understand the risk associated with the application and/or removal of eyelash extensions to the natural lash.

- ☐ I understand and agree that if any of the issues persist, I will contact (within 3 days) the artist and may have the eyelash extensions removed.

- ☐ I agree to the aftercare instructions given and realize that the failure to follow these instructions may result in the decreased life of my extensions and/or damage to the natural lash.

- ☐ I consent to having my before and after photos taken for advertising purposes. I understand that these photos may be posted to social media sites.