

EYELASH EXTENSION WAIVER FORM

I _____ (print name) authorize this technician _____
(print name) to apply eyelash extensions to myself, on this _____ (date) and for
further extension services. By signing below, I agree to the following:

- I understand that because of the natural lash cycle and wear and tear, I will need to maintain my extensions with touch up appointments recommended by the technician to keep them full.
- I understand the aftercare instructions.
- I understand to keep my eyes closed throughout the process of the application, as tearing may occur and can interfere with the application and efficiency of the adhesive to properly bond.
- I understand the risks and side effects of applying eyelash extensions to myself such as but limited to skin irritations, redness, itchiness, eye infections, among other side effects and hereby release this technician and/or establishment from all responsibilities of such claims.
- A patch test may be requested to test for sensitivity.
 - Yes, I will do a 24-48 hour patch test _____
 - No, I will waive the 24-48 hour patch test and understand if a reaction occurs anytime after the service(s) I will consult with the technician and physician for advise. _____
- I understand that this technician or establishment does not issue refunds for any services.
- I understand the appointment and cancellation policies.
- I give consent for this technician or establishment to take photos of me and use it for marketing or salon purposes.

Appointment policy: Arrival in a timely manner for the said time and date and with no eye makeup on.

Cancellation policy: I understand that not showing up to my appointment or cancelling my appointment less than 24 hours to my appointment date will result in loss of deposit or a cancellation fee of 50% of the total service scheduled for said date will be made.

Name (print) _____

Signature _____

Date _____

Email _____

Phone _____