



Eyelash Extensions
Waiver & Release Form

I authorize my Certified Lash Technician at Serene Escapes Day Spa to perform the semipermanent eyelash extension procedure. I understand that it is my responsibility to remain still during the application and to keep my eyes closed during the entire process until otherwise advised by the technician.

The known risks of this cosmetic procedure I has been disclosed to me. Some cases may result in complications, such as transient eye redness and irritation and allergic reaction to the adhesive, under eye gel patches or any other products used. If at any time I am uncomfortable with the procedure, I will inform the lash technician and she will rectify the problem, including ending the session if needed.

If the lash technician is uncomfortable applying lashes to me, she will discuss her concerns with me and may end the session if necessary. I understand that no guarantees, warranties, or promises as to the results of this service have been made, and I am consenting to the procedure at my own risk. I have disclosed on the Client Intake Form my health history, medications being taken, and any past reactions to products used or medications taken.

I understand the longevity of my eyelash extensions requires my careful maintenance. I understand basic makeup application and normal lifestyle can resume after the application. However, during the first 3 hours after the application I should avoid replacing contact lenses, water, liquids, steam, excessive heat, and cosmetics (skincare, mascara, etc.) for extended longevity and flexibility of my eyelash extensions. I also understand that even after the first 3 hours, I need to avoid the following activities: excessive swimming, sauna, steam rooms, pulling on lashes, using oil-based or waterproof cosmetics. Using mechanical curlers or crimping lashes in any way is not recommended while wearing eyelash extensions.

Please read and initial the following statements to indicate that you have read, understand, and accept the following statements:

_____ The information I have given is correct to the best of my knowledge, and I have not withheld any known medical state or condition. I agree that I will inform the technician before treatment if there has been any changes (i.e. if there is a change in my medication or skin care regime). I understand that this information is important to the lash technician so as to provide me with a safe and comfortable treatment.

_____ I, the client herein signed, for the purposes of documentation, hereby consent to "before and after" photographs. I give Serene Escapes Day Spa the right and unrestricted permission to take, use, and display photographic images of me, through any form of media, for advertising, marketing, publicity, archival, or any other lawful purpose. I waive any right to royalties or other compensation arising from or related use of photographic images of me. I release and agree to hold harmless Serene Escapes Day Spa and its affiliates from any liability in connection to taking or using said images.

Printed Name

Signature

Witness to Signature

Date