



Eyelash Extension Release Form

Full Name: _____

Telephone (Cell): _____

Email: _____

Please Initial:

_____ I understand that this procedure requires single synthetic eyelashes to be glued to my own natural eyelashes.

_____ I understand that it is my responsibility to keep my eyes closed and be still during the entire procedure until my eyelash technician addresses me to open my eyes.

_____ I understand that some risks of this procedure may be but not limited to eye redness and irritation. The fumes from the adhesive may cause my eyes to tear up if I open my eyes.

_____ I agree to disclose any allergies that I may have to latex, surgical tapes, cyanoacrylate, Vaseline, etc.

_____ I will seek medical care (at my own expense) and contact hair Salon Body & Soul immediately if any allergic or adverse reaction occurs.

_____ I understand that I am required to follow the eyelash extension care sheet in order to maintain the life of these extensions.

_____ I agree that by reading and signing this consent form, I release my technician and Hair Salon Body & Soul from any damages.

_____ I give Hair Salon Body & Soul permission to show my before and after photos of my eyelashes to other potential clients Yes _____ or No _____

_____ I have read and completed the Eyelash Extensions Intake & Consent form in its entirety, and have answered everything to the best of my ability. I have been informed of potentially harmful or negative side effects that may be caused by the application and/or removal of Eyelash Extensions.



_____ 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 understood the aftercare instructions and will do my part to help maintain my eyelash extensions.

_____ 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 (\$20).

_____ I release Hair Salon Body & Soul 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 to use. This procedure has many variables due to lifestyle, moisture, weather, extreme temperature, natural eyelash shedding, and other factors.

The Technician will assess and decide if I am a candidate for this service to the best of his/her ability. No guarantees are made or implied.

By signing below, I verify that I have read and understood the above statements and agree to them.

Signature: _____

Date: _____