



## **Eyelash Extension Agreement and Consent Form**

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

Best Contact Number: Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

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

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

Referred by: \_\_\_\_\_

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 are not limited to eye redness, swelling of eyelids and irritation. The fumes from the adhesive may cause my eyes to water if I open my eyes.

I agree to disclose any allergies that I may have to latex, surgical tapes, cyanoacrylate, Vaseline, etc. 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 reading and signing this consent form, I release Diane Lambo of Reflection by Diane at Angela Welsh Design from any claims or damages of any nature. I agree that I read and fully understand this entire consent form. I am of sound mind and fully capable of executing this waiver for myself.

