

LASH LIFT & BROW TINT

Consent Form

I am aware of the following details and potential risks, even though every effort will be made to protect my safety and wellness before, during, and after the tinting procedure. Kindly initial:

_____ I am aware that coloring or perming eyelashes or brows carries some inherent risk of causing irritation to the orbital eye area, including the eye itself. If the tint gets into the eye, it could cause stinging or burning, blurred vision, and even blindness.

_____ I am aware that if the developer, tinting agent, or a combination of the two unintentionally gets in my eye, it may need to be cleansed with water and I may need to seek medical treatment.

_____ I am aware that skin in contact with the tinting agent may experience some irritability, itching, or burning.

_____ I am aware that after the tinting of either my lashes, brows, or both, there can be some minor black stains left on my skin. It won't take long for this to fade and disappear.

_____ I am aware that while every effort will be taken to give me the color I requested, since each person's hair absorbs color differently, my final results might differ from what I had envisioned.

_____ I am aware that the color will progressively become lighter and disappear over the course of several weeks. The new hue will need to be re-tinted to keep it vibrant. The majority of clients must re-tint every 3 to 4 weeks.

_____ I am aware that I must provide all of the data on the client intake form that is requested.

_____ Regarding my medical history, the medications I use, and any past adverse reactions to items or medications, I have listed all relevant facts and situations.

_____ I am aware that other conditions could develop or be uncovered during the operation, thereby affecting my tolerance to it.

_____ I give my permission for "before and after" photos to be taken for documentation, possible advertising, and promotional uses.

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_____ I acknowledge that I will get in touch with the technician who conducted this operation if I see any negative consequences with my lashes or brows.

_____ I am aware of this and give my permission to have my eyes covered and closed throughout the process.

_____ I comprehend and accept the technician's recommendations for aftercare. I am aware of and agree to take responsibility for the results of not following these directions.

_____ The following conditions that apply to me are disclosed to the technician (please check all that apply):

I wear contact lenses right now (which I may be asked to remove during the procedure) I now use moisturizers or sunscreen that contains oil around my eyes.

I currently use eye drops

I have allergies or sensitivities

I have a history or recurrent eye or tear duct infections

I have history of dry eyes or Sjorgensen's Syndrome

I have recent history of chemotherapy

This Agreement shall apply to this Procedure and all Subsequent Procedures performed by the Technician. I am aware that this consent agreement is binding law. I have read this agreement in its entirety and understand it completely. I am above 18 years old, and I agree to the terms of the contract as well as the lash lift, tint, and/or brow tint process.

Client(s) and/or Representative

Date

Technician Signature

Date