



THANK YOU FOR CHOOSING US
EYELASH CONSENT AND WAIVER

NAME & DATE

LAST FIRST DATE TIME

CLIENT HISTORY

Have you ever had an adverse reaction to a lash service or application? YES NO

IF YES, PLEASE EXPLAIN. CONTINUE ON BACK IF NECESSARY.

What lashes have you worn within the last 60 days? INDIVIDUAL STRIP FLARE NONE OTHER

Which of the following do you do to your lashes? CURL PERM TINT NONE OTHER

Do you wear contact lenses? YES NO

Have you ever been treated for an eye illness or injury? YES NO

Please list any eye drops or eye medication you are currently using or have used in the past:

CONTINUE ON BACK IF NECESSARY.

NOTE

Eyelash Extensions can cause individual sensitivities and irritations of the eye, even in clients that have had no prior history of sensitivities. I understand this procedure will cause slight discomfort and burning, and may cause my eyes to tear.

If I have any questions or if I feel uncomfortable at any time prior, during, or after my service, I will inform my technician immediately.

CONSENT & WAIVER

I read and understand the information above. I agree to have eyelashes applied and/or removed from my natural eyelashes. Before my qualified professional can perform this procedure, I understand and agree to this agreement and provide my informed consent by signing and dating where indicated below. I understand the potential risk and sensitivities involved with cosmetics services. I — for myself, my heirs, executors, and administrators — hold BrowZnAround Eyebrow Studio, its employees and its representatives harmless from any and all claims and damages associated with receiving service at BrowZnAround Eyebrow Studio.

All information is confidential and used only by BrowZnAround Eyebrow Studio

PRINT CLIENT NAME

PRINT LEGAL GUARDIAN NAME, FOR MINOR CLIENTS ONLY

CLIENT / LEGAL GUARDIAN SIGNATURE

DATE