



## ***Extensions by Kayte***

I agree to have eyelash extensions applied to my natural eyelashes and/or removed and retouched. By signing this agreement, I consent to the placement and/or removal of the eyelash extensions by the eyelash technician.

\_\_\_\_ I understand that in rare occasions there are risks associated with having artificial eyelashes and eyelash extensions applied to or removed from my natural eyelashes. I further understand that in rare cases as part of the procedure eye irritation and discomfort could occur. I agree that if I experience any of these conditions with my lashes, I will contact the certified eyelash technician that performed this procedure. After evaluation of the condition, the technician may recommend the removal of the eyelashes. I understand that I will not receive any sort of refund or credit for the initial application and I will be charged a fee for the eyelash extension removal.

\_\_\_\_ I understand and agree to the after-care instructions provided by the technician for the use and care of my eyelash extensions. I realize and accept the consequences of failure to adhere to these instructions may cause the eyelash extensions to fall out and/or decrease the time the lashes will last.

\_\_\_\_ I understand and consent to having my eyes closed and covered for the duration of approximately 60-120 minute procedure. Times may vary depending on the type and number of eyelashes applied.

\_\_\_\_ I am informing the technician of the following conditions by marking with a check:

Current use of contact lenses which I may be asked to remove during the procedure  Current use of anything such as oil-containing sunscreen or moisturizers around the eyes  Current use of eye drops of any kind, prescription or over-the-counter  Current allergies or sensitivities  History of recurrent eye or tear duct infections  History of dry eyes or Sjogren's Syndrome  Recent history of Chemotherapy  Other medical conditions which would prohibit or compromise placement and retention of eyelash extensions.

\_\_\_\_ I authorize the technician to take before and after photos to document the results. These photos will not be used in any promotional materials without my express written permission.

\_\_\_\_ I agree to the following eyelash extension follow-up and maintenance instructions:

- No waterproof mascara
- No oil based products around the eye area
- No water can come in contact with the eye area for 24 hours after the application
- No tinting or perming of eyelash extensions
- No pulling or rubbing of the eyelash extensions
- Should any kind of eye drops be necessary extra care should be taken to prevent moisture from coming in contact with the eyelash extensions

\_\_\_\_ This agreement shall remain in effect for this procedure and all future follow-ups conducted by the technician. I read English and understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I am over 18 years of age and consent to the agreement and to the eyelash extension application procedure.

Print client name \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Technician Signature \_\_\_\_\_