

# EYELASH EXTENSION CLIENT FORM

I have agreed to have the selected professional at BRIGHTWATER The Spa at Skin Care Institute to apply and/or remove from my eyelashes. Before my qualified professional can perform this procedure, I understand I must complete this agreement and provide my informed consent by signing and dating where indicated below. This agreement will remain in effect for this procedure, and all future procedures conducted by my Professional conducting business at BRIGHTWATER The Spa at Skin Care Institute.

**1. Waiver of Liability.** I understand there are risks associated with having artificial eyelashes applied to and/or removed from my existing eyelashes, and that not with standing the utmost of care in the application or removal of these products, there still exist risks associated with the procedure and product itself, which include, without limitation, eye irritation, eye pain, discomfort, and, in rare cases, loss of vision when improperly handled. As part of this procedure, I understand that a certain amount of eyelash adhesive material will be used to attach the artificial lashes to my existing natural eyelashes. Even though the Professional may apply or remove my lashes properly, I understand adhesive material may become dislodged during or after the procedure, which may irritate my eyes or require further follow-up care, at my own expense to prevent damage to my eyes. I also understand there is more than one technique for applying synthetic lashes to my eyelashes, and I will not attribute any liability to BRIGHTWATER The Spa at Skin Care Institute, as a result of this procedure or the use and care of these lashes. I also agree to defend, indemnify and hold harmless to the Professional and BRIGHTWATER The Spa at Skin Care Institute from any and all claims, actions, expenses, damages and liabilities, including reasonable attorneys' fees which might be asserted against them as a result of my having this procedure performed, or my purchase of these eyelash extensions from BRIGHTWATER The Spa at Skin Care Institute. I understand that this is a beauty service and there are NO refunds.

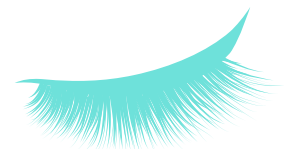
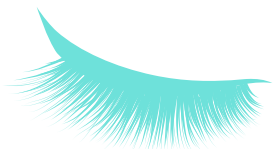
**2. Care and Maintenance.** I agree to follow the care and maintenance instructions provided to me for the use and care of my eyelash extensions, and that if any follow up care is required due to my own mistake or negligence, or failure to follow these instructions, this will be at my own expense and risk. I understand that if I do any of the following, it may result in damage to my eyelash extensions or my cause my lashes to fall off prematurely. Knowing this I agree to follow these instructions for best results: I will avoid oil based eye products as these will loosen the bond of my eyelash extensions. I will avoid getting my lashes wet within 24 hours after application. For the first two days after application, I understand it is best to avoid swimming, saunas or steam rooms. If I experience any itching or irritation, I agree to contact my service provider immediately to have the lash extensions removed. I agree to avoid using waterproof mascara and to not use an eyelash curler, perm, or tint on my eyelash extensions. I agree not to pick, pull or rub my eyelash extensions. I understand that I should not attempt to remove my eyelash extensions on my own or with any product, but that the procedure requires that my eyelash extensions be professionally removed.

I agree that this Agreement is binding upon me, and my heirs, legal representatives and assigns. I represent that I am at least 18 years of age and that I have the right to enter this agreement, or if I am under 18 years of age, I have my parent or legal guardians consent to this agreement and his or her relationship to me is as follows: \_\_\_\_\_ . By his or her signature below, he or she ratifies and consents to this procedure under these terms.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

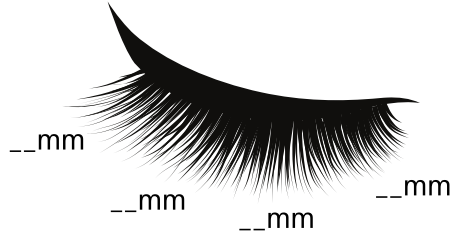


# CLIENT CONSULTATION INFORMATION

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

Notes: \_\_\_\_\_

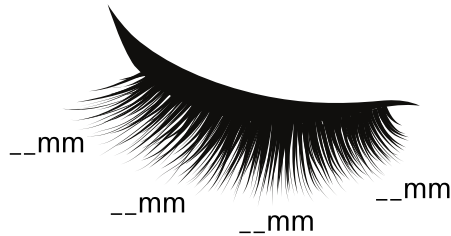
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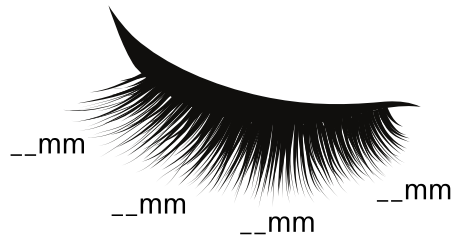
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