

LASH LIFT CLIENT CONSENT FORM

CL	ENT NAME:		
AD	DRESS:		
CIT	Y:STATE:ZIP:		
PHONE:			
E-MAIL:			
How did you hear about us?			
Do you wear contacts? Yes No			
Do you habitually rub, pull, or pick your lashes for any reason? Yes No			
Do you have, or are you being treated for any eye illness or injury? Yes No			
Please list any eye drops or eye medications you are using			
	I agree to have an eyelash lift. I understand that there are risks associated with having a lash lift. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort and in rare cases allergic reaction, eye infection or blurriness could occur. I agree that at any time, if I am uncomfortable with the lash lift, I will inform the technician and she will gladly rectify the problem including ending the session.		
	I understand and consent to having my eyes closed and covered for the duration of the procedure.		
	I understand that even though my technician perms the lashes using the proper technique, cleaners, eye gel pads, adhesives, and removers used may irritate or cause an allergic reaction.		
	I understand that there is a chance of under curling, over curling or damage to the natural lashes.		
	I understand lashes can have a growth pattern such as that of a cowlick, natural curl or slanted. This can cause the lashes to grow in different directions. Although every effort is made to tame or straighten the lashes there is no guarantee the lashes will be perfectly straight as they can take on their own form again.		
	I agree to the care instructions provided by my technician for the use and care of my permed lashes. I under stand that by not following the instructions, that the lashes may not stay lifted as long as been informed. Do not get them wet, steam, mascara or lash growth serum for 24 hours.		
	I understand that if I wear contacts I must inform my technician and remove them prior to the process.		
	You must prepare your eyes area prior to your arrival. Eyelashes should be clean, dry and free of mascara, makeup and oil residue. If you attend your appointment without proper preparation, Hey Gorgeous Studio cannot guarantee lasting or satisfactory results		
	I agree to inform my technician of any eye infections or dry eye that I may or may not be prone to		
	I understand there is no guarantees for the length of time the lashes will stay lifted.		
	I understand that not everyone's lashes are the same and that mine may or may not come out exactly as those I have viewed in photographs.		

	We suggest checking with your doctor prior to having a lash lift if you eye, conjunctivitis, active eye infections of any kind, have recently hat trichotillomania (habitual pulling out of lashes). Recent chemo treatment from your last treatment. When in doubt, always consult with your particles.	nd Lasik or blepharoplasty surgery or nents will need to wait at least a year	
	I understand a lash lift may not be for me if I have lashes with gaps (t noticeable) have extremely short lashes or damaged lashes.	his treatment may make the gaps more	
	I understand that this service is non-refundable		
	It has been represented to me that o guarantees, warranties, promise to the results of this treatment have been made.	es, commitments or other statements as	
I acknowledge that the results of lash lift do vary, and that no guarantees of specific results are offered or implied. Hey Gorgeous Studio will not refund or credit any amount of money because of a clients unhappiness with their final results. I take sole responsibility for any reaction I may have, staining of clothing and/or personal belongings. I agree to hold Hey Gorgeous Studio and all authorized representatives harmless from any liability involved in the lash lift process. Hey Gorgeous Studio and their staff have explained this procedure to me and all my questions, if any, were answered. I have reviewed and completely understand all the information, including this form.			
I agree to pay any costs of legal services necessary to affect said release. I further agree that this release shall be in contemplation of any possible damages, either known or unknown at the signing of this release and said damages are specifically waived following the signing of this release. I further agree that in the event any litigation ensues, it shall be placed before the American Arbitration Association or some other such arbitrator for resolution. I agree that in the event a decision is determined in favor of one party over the other, the prevailing party shall be entitled to reasonable attorney fees and costs as set by the arbitrator. I further agree to hold Hey Gorgeous Studio professional nameless and harmless from any and all damages. I release my Hey Gorgeous Studio professional from any responsibility for pre-existing conditions I have not revealed or any consequential change to those conditions that rise subsequent to the procedure. I accept full responsibility for these and any other complications, which may arise or result during or following the Lash Lift procedure, which are to be performed at my request.			
By signing below, I verify that I have read and understand the above statements and agree to them			
Signatur	re:	Date:	
Print Name:			
	Guardian Signature:		
Print Na	nme:		