

Date: _____

Name: _____ Date of Birth: _____

Contact Tel # (Cell): _____ - _____ - _____ (W): _____ - _____ - _____ (H): _____ - _____ - _____

Email: _____ Consent to use: __Y __N

Address: _____

Please initial each line and sign below:

- _____ I understand that there are risks associated with the Lash Lift procedures.
- _____ I understand that my lashes will be curled with an advanced solution and a conditioning cream.
- _____ I understand that as part of the procedure eye irritation, pain, itching discomfort and in rare cases eye infection may occur.
- _____ I understand and agree to follow the aftercare instructions provided by my service provider.
- _____ I understand that failure to follow the aftercare instructions may cause an undesirable result.
- _____ I understand that in order to have a Lash Lift, I will need to keep my eyes closed for the duration of up to 60 minutes during the procedure. I also understand that I will need to be laying in a reclined position. Any medical conditions that might be aggravated by laying still for a prolonged period of time may mean that I will not be able to have the procedure performed on my lashes.
- _____ I understand that opening my eyes at any point during the Lash Lift procedure is not recommended, and may cause an undesirable result. I agree to keep my eyes closed throughout the procedure unless instructed to open them by my service provider.
- _____ This agreement will remain in effect for this procedure and all future Lash Lift procedures conducted by a service provider at the Truro Medi-Spa. I understand that this agreement is binding and that I have read and fully understand all information above.
- _____ I am over the age of 18. If not my parent/ guardian must consent:

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

_____ I understand that there are no guarantees for how long the lash lift will last, on average and with proper post care between 6-8 weeks. I have been advised to follow the aftercare protocol by my service provider and will follow it to the best of my knowledge.

_____ I understand that I can only have a Lash Lift done on 8 week intervals to protect my lashes.

I have read and fully understand the above by signing below.

Print Name of Client

Signature of Client

Date

Print name of Service Provider

Signature of Service Provider

Date