



Salon and Day Spa

10022 128th Street East, Puyallup, WA 98373

LASH LIFT AND TINT AGREEMENT AND CONSENT FORM

CLIENT INFORMATION:

Name (First & Last): _____ Phone: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail for exclusive specials (Optional): _____

Have you ever used hair color before? Yes/No

Have you ever had an allergic reaction to hair color? Yes/No

Do you wear contacts? Yes/No If so they will need to be removed before application.

Have you ever had your Lashes lift and tinted? Yes/No Have you ever had your brows tinted? Yes/No

If you had an adverse reaction to previous lift & tint, please explain _____

List any allergies you have: _____

What over-the-counter or prescription skin care products are you currently using? _____

Although every precaution will be made to ensure your safety and well-being before, during and after your tinting application, please be aware of the possible risks below. Please initial:

_____ I understand that tinting lashes or brows has some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging or burning, blurry vision and potentially blindness should the tint enter into the eye.

_____ I understand that if the tinting agent, developer, or mixture of both accidentally comes into contact with my eye, my eye will be flushed with water and medical attention may be required.

_____ I understand that there may be some residual dark staining left on the skin following the tinting process of either my lashes, brows or both. This will fade and go away within a short time.

_____ I understand that, while every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently and my final results may not be the color I initially wanted.

_____ I understand that a lash and/or lash tint may not be for me if I have: damaged lashes or lashes with gaps or have extremely short natural lashes.

_____ I understand that for optimum results I should avoid direct heat, steam, mascara and other skin care products around the eye area, sleeping on my stomach or side for 24 hours after the application.

_____ I understand that it is suggested to check with my doctor prior to have a lash lift and/or lash tint if: I am pregnant, nursing, have chronic dry eye, conjunctivitis, eye infections, trichotillomania, have recently undergone chemotherapy, or have recently had Lasik or blepharoplasty surgery.

_____ I understand that there are no guarantees for the length of time my lash lift and/or tint will last. I understand that there are many factors that may affect the life of lash lift and/or lash tint such as water and moisture contact, weather conditions and activities involving exposure to high temperatures.

_____ I understand that eyelashes should be clean, dry and free of mascara, makeup and oil residue prior to my arrival. Without proper preparation lasting results may not be achieved.

_____ I understand I will naturally shed lashes over the next few weeks, pulling at my lashes will cause lashes to fall out, new ones will grow in their place and they will not have the same appearance as those that are still lift and tinted.

I have read the above information. If I have any concerns, I will address these with my skin care therapist. I give permission to my therapist to perform the tinting procedure we have discussed, and will hold him/her and his/her staff harmless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the esthetician immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

I have given my technician permission to take, publish and reproduce photographs of me, my face, and/or my eye, both before and/or after the procedure for advertising purposes. _____(Initial)

INSTAGRAM (if you would like to be tagged): @_____

Client Name (Printed) _____

Client Name (Signature) _____ Date: _____

Lash Lift Certified Esthetician _____ Date: _____

For technician use: Lift Band Size _____ Lash Tint Color _____ Lift Time _____ Set Time _____