

## Lash Services



I, \_\_\_\_\_, agree to the following:

I understand there are risks associated with having artificial eyelashes applied to and/or removed from my natural eyelashes. I understand that the eyelash extensions will be applied to the natural lash as determined by the technician so as not to create excessive weight on the natural eyelash thereby preserving the health, growth and natural look of the client's natural eyelashes. I understand as part of the procedure eye irritation, eye pain, eye itching, discomfort and in rare cases eye infection may occur. I understand and agree that if I experience any of these issues with my lashes that I will contact my technician and have the eyelashes removed immediately and consult a physician at my own expense.

I understand that even though the technician may apply and remove the eyelashes properly, that adhesive materials may become dislodged during or after the procedure, which may irritate my eyes or require further follow up care. I understand and agree to follow the after care instructions provided by my technician. Failure to follow the after care instructions can cause the eyelash extensions to fall out. I understand that in order to have the eyelash extensions applied to my eyelashes I will need to keep my eyes closed for duration of 60-120 minutes during the procedure.

I also understand that I will need to be lying in a flat/reclined position. Any medical conditions that might be aggravated by lying still for a prolonged period of time may mean I will not be able to have the service performed on my eyes. This agreement will remain in effect for the procedure and all future procedures. I understand that this agreement is binding and that I have read and fully understand all information listed above. I represent that I am over the age of 18 years. If below 18 years of age a parent or guardian must also sign this form.

I acknowledge I have reviewed all pricing. I also acknowledge that there are no refunds. I do understand that if I am late by more than 15 minutes I will be charged 100% of the service total and my appointment will be cancelled. I understand if I cancel within 24 hours of my appointment or no-show my appointment, I will be charged 100% of the service total. I understand if in this situation my card is declined, or does not go through for any reason, I will pay the debt by other means. I understand I may not book any appointments with any outstanding debt owed to Rose Beauty Bar (Rose Aesthetics LLC).

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

Client (Printed Name): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or guardian (if under 18 years of age) name and signature:

Printed: \_\_\_\_\_ Sign: \_\_\_\_\_