

Eyelash Extension Consent Form

I _____ agree to have Bella Ame Beauty LLC eyelash extensions applied to my natural eyelashes and/or removed and retouched. By signing this agreement, I consent to the placement and removal of the eyelash extensions by the certified eyelash extension professional.

_____ I understand there are risks associated with having artificial eyelashes and eyelash extensions applied to or removed from my natural eyelashes. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blindness could occur. I agree that if I experience any of these medical conditions with my lashes that I will contact the certified eyelash extension professional and have the eyelashes removed immediately and consult a physician at my own expense.

_____ I understand that even though the certified eyelash extension professional applies or removes the eyelash extensions by the proper technique, instruments, tapes, cleaners, eye gel pads, adhesives, and removers may irritate my eyes or a physician's follow-up care and subsequent removal of the eyelash extensions.

_____ I understand and agree to the care instructions provided by the certified eyelash extension professional for the use and care of my eyelash extensions. I realize and except the consequences of failure to adhere to these instructions that may cause my eyelash extensions to fall out, damaging the extensions and/or decreasing the time my lashes will last.

_____ I understand and consent to having my eyes closed and covered for a duration of 60 to 120 minutes. I understand that if I have lower eyelash extensions applied that I will have my eyes open and will have instruments, tapes, cleaners, eye gel pads, adhesives, and removers used that may irritate my open eyes, causing then to water and blink and excess preventing application and/or requiring removal and a physician's follow up care and subsequent removal of eyelash extensions.

I am informing the certified lash extension professional of the following conditions by marking with a check

- Current use of contact lenses which I agree to remove before service
- Current use of anything such as oil containing sunscreen or moisturizer's around the eyes
- Current use of eyedrops of any kind, prescription or over the counter
- Current allergies or sensitivities to instruments, fumes, tapes, cleaners, eye gel pads, adhesives, and removers that could cause my eyes to water and blink an excess
- History of claustrophobia
- History of recurrent eye or tear duct infections
- History of dry eyes or Sjorgen's syndrome
- Recent history of Chemotherapy
- Other medical conditions which would prohibit or compromise placement and retention of eyelash extensions

_____ I agreed to the following eyelash extension post op and maintenance instructions. No waterproof mascara, No prescription or over the counter eyedrops, No oil-based products around the eye, No water can encounter the eye area for 24 hours after the application, No tinting or perming of eyelash extensions, No continuous pulling or rubbing of the synthetic lashes.

This agreement will remain in effect for the procedure and all future procedures conducted by the certified eyelash extension professional. I read English and understand that this consent agreement is legal and binding. I have read and fully understood all the information in this agreement. I am over 18 years of age and consent to the agreement and to the treatment.

I release my technician (Bella Ame Beauty LLC) from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the technician has been professionally trained to use. There are no guarantees for the bonding length time of eyelash extensions. Bella Ame Beauty LLC is not responsible for any technician errors. I understand the aftercare instructions and will do my part to maintain my eyelash extensions. I understand that there are many factors that may affect the life of my eyelash extensions, such as water and moisture contact, eather conditions and activities involving exposure to high temperatures.

By signing below I verify that I have read and understood all of the above statements and I agreed to them.

Signature _____ Date _____

Permission is granted to take before and after photos of my eyes/face which may be used for marketing purposes on a website, salon, or social media platform.

Signature _____ Date _____