



## AGREEMENT AND CONSENT FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

DOB: \_\_\_\_\_ (**Month / Date Only**)

How you hear about us? Google \_\_\_\_\_ Yelp \_\_\_\_\_ Friend \_\_\_\_\_ Pass By \_\_\_\_\_

Do you think you have sensitive eyes? YES \_\_\_\_\_ NO \_\_\_\_\_

### POLICY

- 1). All services are provided by appointment only and subject to availability.
- 2). Payment methods: **CASH Preferred, All types Credit Cards, No checks.**
- 3). Fix/Removal: If you are experiencing any discomfort or irritation, please inform us immediately as **THIS IS NOT NORMAL**. If an eyelash becomes dislodged, or you decide to completely remove your lashes, please do not attempt to do it by yourself as this can damage your natural lashes. Please contact us immediately to schedule a professional removal. We are not responsible for damages caused by improper removal. (**If you experience any problems please contact us within 48 hours as we are only responsible for complaints within the first 48 hours**)
- 3). Cancellations: Please provide us with a 3 hours notice to avoid a \$30 cancellation charge of you scheduled appointment.
- 4). Refunds: **Please let us know if you are unhappy with the service within 48 hours, we can considering a half refund or full refund.**

### Please Initial Below

I understand that this procedure involves synthetic eyelashes to be glued to my natural eyelashes.

I understand that there are risks involved in this procedure, this includes, but not limited to eye redness and irritation. The fumes from the adhesive may cause my eyes to tear up if I open my eyes during application process.

I understand that I am required to follow the eyelash extension care sheet in order to maintain the maximum life of these extensions.

I agree to disclose of any allergies that I may have to glue, latex, surgical tapes, cyanoacrylate, Vaseline, etc. prior to the application process.

I agree that by reading and signing this consent form, I release ChicLash Boutique and any of its employees & Agents from **any claims or damages of any nature.**

I authorize ChicLash Boutique to use my before and after photos to show other future clients or website uses. (Optional)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_