

LashLift Consent Form

I authorize Glam India Beauty Salon to carry out Lash Lift procedure and or to have an eyelash lift (perm) and/or eyelash tint applied to my natural eyelashes and/or retouched.

By signing this agreement.

- I understand that the lashes will be curled with an advanced solution and a conditioning cream.
- I understand and consent to having my eyes closed and covered for the duration of the 45-90-minute procedure.
- I understand there are risks associated with having an eyelash perm and/or eyelash tint. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blurriness could occur.
- I agree that if I experience any of these medical conditions with my lashes that I will contact my technician and consult a physician at my own expense.
- I understand that even though my technician perms the lashes using the proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may irritate my eyes or require a physician's follow-up care.
- I understand that if at any time I (or the esthetician) are uncomfortable with the Lash Lift treatment, I will inform the esthetician and she will gladly rectify the problem, including ending the session.
- I understand there are no guarantees, warranties, promises, commitments or refunds and acknowledge that I have no representation or guarantees, and I am consenting to the Lash Lift technique at my own risk.
- I understand that all conditions must be revealed or disclosed by me to my esthetician regarding health history, medications being taken and any past reactions to products used. I herein signed, release, give up, acquit, and discharge Glam India Salon from any claims or damages of any nature.

I have read all information provided: I, the client herein signed, certify that I have read and had explained to me and fully understand the above waiver and release form. I have provided information regarding my health and medications taken to the best of my knowledge, the client herein signed, for the purposed of documentation, hereby consent to any "before and after" photographs, which may or may not be used for the purposes of advertising.

I release my technician or salon from all liability associated with this procedure. There is no guarantee for the bonding time of the **lash lift**. This salon is not responsible for any technician errors. I understand the aftercare instructions and will do my part to maintain my **LashLift**. By signing below, I verify that I have read and understand the above statements and agree to them.

Name _____

Date _____