**Client Waiver and Release**

**All boxes must be initiated by doing so you have read, understood, and agreed to the terms.**

\_\_\_\_\_\_\_\_\_ I understand there are risk associated with having artificial eyelashes apply to and or remove my natural light eyelashes.

\_\_\_\_\_\_\_\_\_ I understand that I have to remove all eyes make up (mascara, eyeliner, eyeshadow, etc.) in order for the technician to perform the service failing to do so, may result in less lash application time and will affect the longevity of the Lash life.

\_\_\_\_\_\_\_\_\_\_I understand that the eyelash extension will be applied to the natural lash as determined by the technician, so as not to create excessive weight on the natural eyelash, preserving the health, growth, and natural look at my natural eyelashes.

\_\_\_\_\_\_\_\_\_\_I understand as a part of the procedure, your eyes, iteration, eye pain, eyes, itching discomfort, and in rare cases, eyes infection may occur.

\_\_\_\_\_\_\_\_\_\_I understand and agree that if I experience any of this issue with my lashes that I will contact my technician and have to lash it removed immediately and consult a physical at my own expense.

\_\_\_\_\_\_\_\_\_\_I understand that even though the technician may apply and remove the eyelashes properly, the adhesive material may become dislodge during or after the procedure, which may irritate my eyes are required for the follow up care.

\_\_\_\_\_\_\_\_\_\_\_I understand that failure to follow the aftercare instruction can cause the eyelashes tension to fall out.

\_\_\_\_\_\_\_\_\_\_\_I understand that in order to have the eyelash extension applied to my eyelashes. I will need to keep my eyes closed for a duration of 60 to 120 minutes during the procedure. I also understand that I will need to be laying in a recline position, and will inform the technician up any discomfort during the procedure. Any medical condition that might be aggravated by lying still for prolonged period of time may mean I will not be able to have the procedure performed.

\_\_\_\_\_\_\_\_\_\_ This agreement will remain in effect for the procedure and all future procedures conducted by my technician 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 consent to before, and after photos for the purpose of documentation potential advertising and promotion purposes.

**Print name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent guardian (under 18) Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Sign to Acknowledge That You Are Aware**.

* I assume full responsibility for myself and minor in my care.
* **Mi Lash&Brown (My Chaves)** and companies associated will not take any responsibility and are not liable for how my last extension appear after service completed.
* I understand to ensure the longest lasting lashes possible: **I should avoid rubbing, and pulling eyelashes, mascara off all times, water and steam for the next 24 to 48 hours.**
* I am **NOT** sensitive to acrylic fingers nails, or nail polish.
* By sign in below for myself or minor. I am agreeing to the above condition.

**Print name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent guardian (under 18) Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver of Liability**

**Please initial by doing so you have read, understood, and agreed to the term.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_I understand there are risks associated with having artificial eyelashes applied to and or removed from my existing eyelashes and that not understanding the upmost of care in the application or remover of this product. They are still risk associated with the procedure and product itself this include without limitation eyes, irritation, eyes, pain, discomfort, and in rare cases blindness when improperly handed as part as of this procedure. Even though the technician may apply or remove lashes to my eyes, I also understand there is more than one technique for applying eyelash extension and I will not attribute any liability to **Mi Lash&Brown (My Chaves)**, and companies associated with to **Mi Lash&Brown (My Chaves)** as a result of this procedure. I agree to indemnify, defense and hold harmless to **Mi Lash&Brown (My Chaves)** is including reasonable and attorney fee. Which might be asserted against them as a result of me having this procedure performed. This agreement will remain in effect for this procedure, and all future of the procedures conducted by **Mi Lash&Brown (My Chaves)** and Company associated.

**Care and Maintenance.**

\_\_\_\_\_\_\_\_\_\_\_I agree to follow the Care and maintenance instruction provided it **Mi Lash&Brown (My Chaves)** for the use and care at my eyelash extension and this is any follow-up care is required due to my own mistake or negligence of failure to follow these instructions. This will be at my own expense and risk, I understand that if I do any of the following and it may result in damage to my eyelash extension or avoid oil base eye product as these loosen the bond of my eyelash extension, I will avoid getting my lashes wet within the first 24 to 48 hours after my application for the first two days after application of any itching or irritation I agree to contact **Mi Lash&Brown (My Chaves)** immediately. I understand that I should not attempt to remove my eyelash extension on my own or with any product, but that the procedure requires that my eyelash extensions be professionally removed.

**No Known Medical Condition/Informed Consent**

\_\_\_\_\_\_\_\_\_I have read and completed the **Mi Lash&Brown (My Chaves)** client intake form in is entirely and in truth, I, acknowledge that I have been advised of the potential harmful and negative side of truth, I, acknowledge that I have been advised all the potential harmful or negative side effects (such as the premature shedding of my eyelashes) that the Lash extension, procedure or removal may cause to those who have specific medical or skin conditions. I understand that the adhesives and adhesive remover are hypersensitive to synthetics, cyanoacrylate or formaldehyde which, in small amounts may be present in my eyes shut, and I must remove my contact lenses for the duration of the eyelash extension, application or removal. I understand that the procedure requires that I lay still for up to 120 minutes or longer with my eyes shut and I must remove my contact lenses for the duration of the lash extension, application or removal. I further state that I have no known medical condition that might be aggravated by the procedure or any medical condition that would prevent me from complying with or heeding to **Mi Lash&Brown (My Chaves)** instruction, or these warnings.

**Print name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent guardian (under 18) Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Consultation and Medical Health Form for Eyelash Extensions**

We look forward to long and lengthy lash affair. So, from the start, we are completely honest and transparent. There is no guarantee a result. Lash care and longevity vary from individual to individual. Once lashes are applied and have left the building, we cannot give guarantees on the life of your lashes!

**Full name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am aware Mi Lash and Brown My Chaves, and company is associated are not liable for how my eyelash extensions will appear after my service is completed**.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sign Name)**

**Please circle which applying to you:**

* Have you had an eyelash extension before? **YES NO**
* Please indicate if you have recently or frequently won any of the following type of lashes.

**Individual strip flare**

* Do you perm curl or color your eyelashes? **YES NO**
* Are you having our last extension applied for? **A special occasion Daily wear**
* Do you wear eyes contact? **YES NO**
* Do you wear glasses? **YES NO**

**If Any of The Following Applies to You in The Past 6 Months, Please Circle.**

* Lasik eye surgery Eyes, illness, or injury Seasonal allergies Permanent eyes make up Blepharoplasty (eye-lift).
* Blepharitis (inflammation of eyelid) Pregnant recent childbirth Hormone imbalance
* Allergies to adhesives found in, medical tape, cyanoacrylate adhesives, or surgical clue.
* Retinols (used to treat acne and skin problems) Serve illness on major injury
* Types medical condition that may contribute to hair and eyelash loss: Hyperthyroidism or Hypothyroidism, Alopecia Arcata, Lupus, Diabetes.
* Any other medical concern that may affect the application and/ or wear of eyelashes extensions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_