



Eyelash Extension & Consent Form

Full Name: _____

Address: _____

Telephone: _____

Email: _____

Is this your first time having eyelash extensions applied? YES NO

If this is not your first time having eyelash extensions applied, where have you gotten them applied in the past? What product brand was used? What size/style of lashes were used?

Do you wear contact lenses? YES NO

Do you habitually rub, pull, or pick at your eyelashes for any reason? YES NO

Do you currently have, or are you currently being treated for any illness, injury or allergy? YES NO

If you replied yes, please list what you are being treated for and how you are treating it

Are you able to lie still and keep your eyes closed for up to two hours or more? YES NO

Which side do you predominantly sleep on? Right Left

How did you hear about CC LASH? _____

Please read and initial next to each statement:

_____ I understand that this procedure requires single synthetic mink eyelashes to be glued to my own eyelashes

_____ I understand that it is my responsibility to keep my eyes closed and remain still during the entire procedure, until my eyelash technician instructs me to open my eyes

_____ I understand that some risks of this procedure may include, but are not limited to eye redness, allergies, and possible loss of natural lashes. I also understand that the fumes from the adhesive may cause my eyes to tear up

_____ I agree to disclose any allergies that I may have including those to latex, surgical tapes, cyanoacrylate (acrylic), Vaseline, collages, or adhesives of any kind

_____ I understand that I am required to follow the Eyelash Extension Care Sheet CC LASH provided in order to maintain the life of my eyelash extensions

_____ I agree to communicate with my lash artist any discomfort, dissatisfaction, or general problems I may be having with my lashes or my eyes immediately

_____ I understand that prices are subject to change without notice

_____ I agree that by reading and signing this consent form, I release CC LASH from any claims or damages of any nature

_____ I am sound of mind and fully capable of executing this waiver for myself

_____ I agree that I read and fully understood this entire consent form

Client/Guardian Signature: _____

Date: _____

Verified By: _____

Date: _____

CC LASH Social Media Agreement & Consent Form

I give permission to show my before and after photos of eyelash extensions to other potential clients, also to be posted on CC LASH website or other Social Media sites YES NO

Client Signature: _____

Date: _____

Verified By: _____

Date: _____