



CC LASH BEAUTY SALON LASH LIFT CONSENT FORM

Full Name: _____

Address: _____

Telephone: _____

Email: _____

Is this your first time having lash lifts applied? YES NO

Do you wear contact lenses? 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

How did you hear about CC LASH Beauty Salon? _____

Please read and sign at the bottom:

- 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 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 Beauty Salon Provided in order to maintain the life of my lash lift

- 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 agree that by reading and signing this consent form, I release CC LASH Beauty Salon 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: _____

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 BEAUTY SALON website or other Social Media sites

YES NO

Client Signature: _____

Date: _____