

Airbrush Images Studio
Consent for Lash Extension Services

I (Print Name): _____
Request to have eyelash extensions applied to my upper lashes.

I am over the age of 18.

If under the age of 18 I have parental consent as signed below.

I understand that this is a semi-permanent cosmetic procedure.

I understand that while this is a gentle and relatively safe procedure, there are some risks associated with the application.

Specifically the danger of having sharp objects close to the eye area and the risk of accidental exposure to cyanoacrylate glue and cyanoacrylate remover. I understand that the technician who is applying the eyelash extensions has been trained in the proper safety, application and removal of said lash extensions.

I currently do not have any eye infections or other known problems with my eyes.

Furthermore, I will not hold the salon, business of the technician, the technician, the distributor or the manufacturer liable for any damages that may occur to my face, eyes or body due to the application of the lash extensions.

I understand everything described above, have had all of my questions answered, agree that it is all true and correct and by my signature below I agree to the above.

Client/Guardian Signature:

Date: _____

Address: _____

Phone: _____ Email: _____

I have chosen to forego a Patch Test (Initial): _____

*I agree to allow my photos to be used for promotional purposes
(Initial): _____*