

**Single-Strand Eyelash Extensions Agreement and Consent Form**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this procedure requires single synthetic eyelashes to be glued to my own natural eyelashes. I understand that it is my responsibility to keep my eyes closed and be still during the entire procedure, until my eyelash extension technician asks me to open my eye. I understand that some risks of this procedure may include but are not limited to eye redness and irritation. The fumes from the adhesive may cause my eyes to tear up if I open my eyes.

I agree to disclose any allergies that I may have to latex, surgical tapes, cyanoacrylate, Vaseline, etc. I understand that I am to follow the Single-Strand Eyelash Extension Care Sheet (attached) in order to maintain the life of my extensions. By reading and signing this consent form, I hereby release CatEyes Lash Extensions from any and all claims of liability or damages. I have read and fully understand this entire consent form, and I am of sound mind and fully capable of executing this waiver for myself.

I give CatEyes Lash Extensions permission to show my before and after photos to other potential clients YES or NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please initial)

I have received, read, and reviewed the consent form part of this agreement with my eyelash extension technician. I confirm and agree that I wish to engage the services of CatEyes Lash Extensions to apply Single-Strand Eyelash Extensions.

Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eyelash Extension Technician signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I agree to pay $\_\_\_\_\_\_\_\_\_\_\_ plus GST

Lash type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lash length:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lashcolor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_