



Consent and Release Agreement for Eyelash Extensions:

____ I understand there are risks associated with having artificial eyelashes applied to and/or removed from my existing eyelashes, and that notwithstanding the utmost of care in the application or removal of these products, there still exist risks associated with the procedure and produce itself, which include, without limitation, eye pain, discomfort, and, in rare cases, blindness when improperly handled.

____ I understand as a part of this procedure that a certain amount of eyelash adhesive material will be used to attach the artificial lashes to my existing eyelashes.

____ I understand even though the technician may apply or remove my lashes properly, that adhesive material may become dislodged during or after the procedure, which may irritate my eyes or require further follow-up care, at my own expense to prevent damage to my eyes.

____ I understand that the eyelash extensions will be applied to the natural lash as determined by the technician so as not to create excessive weight on the natural eyelash thereby preserving the health, growth and natural look of the client's natural eyelashes

____ I understand and agree to follow the aftercare instructions provided by my technician. Failure to follow the aftercare instructions may cause the eyelash extensions to fall out.

____ I agree to defend, indemnify and hold harmless the technician and Invigorate as from any and all claims, actions, expenses, damages and liabilities, including reasonable attorneys' fees which might be asserted against them as a result of my having this procedure performed.

Photography Release Consent

We would like your permission to use these photos for advertising. For example: Portfolios, online and print ads, etc. Your consent is necessary regarding this. Please initial and indicated with your signature if you would like your photos used or not used in advertising.

YES, feel free to use them

NO, please do not use them

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s). I have had the opportunity to ask questions, and all of my questions have been answered. I represent that I am over 18 years of age and that I have the right to enter this agreement.

Print Name

Signature

Date