

Consent to Eyelash Extension Application:

Daydreams Salon

I, _____ agree to have Deana Ruzicka with Daydreams Salon LLC apply eyelash extensions to my natural lashes. This form also Gives my consent to the removal of eyelash extensions should this be recommended at a later date by any lash technicians or should I request removal. With this document, I also consent to re-lash appointments. I understand that there is no monteray charge to me for the removal of eyelash extensions applied by my technician.

I understand there are risks associated with having artificial eyelashes applied to or removed by my natural eyelashes. I further understand that as part of the procedure, allergy to adhesive, eye irritation, eye pain, eye itching, discomfort and in very rare occasions, eye infections and blindness can occur. I agree that if I experience any of the above conditions I will notify my lash technician and my doctor IMMEDIATELY! I further understand that the lash extensions will be removed to prevent further irritation and inflammation.

Should I experience any change in vision I will contact my eye physician or Optometrist IMMEDIATELY.

I have informed my lash technician of any and all allergies and sensitivities that I am currently aware of.

I understand and consent to having my eyes closed and covered during the 60-120 min procedure. I also understand that refill/touch up appointments will take approximately 60-75 min.

I understand that my lash technician will apply lashes to the best of his/her ability, using proper one lash to end lash technique and application. I also understand that lash extension applications can, in some cases, temporarily decrease in fullness and /or length of my natural lashes. I also understand that if thinning is noted by my lash technician, she may recommend that lashes be temporarily removed. I am aware that if I should decide to discontinue lash extensions or have them removed, my lashes will/may appear shorter than previous for a time of up to 12 weeks at which time my lash cycle will have returned to normal.

I consent to before and after photos that may be used without monetary compensation and without name recognition for advertising or reference purposes.

I undertand that there are many variables including lash growth cycle, sensitivity to adhesive, use of cosmetics and my lifestyle that determine how long my lash extensions will last.

I understand that the adhesive being used for my extensions is not an FDA approved product and that at this tie the FDA does not regulate use of such products.

Finally, I understand that not all risks and/or hazards of the procedure are reviewed in this document or could they be. I undertand the precautions to safeguard my safety will be taken during this procedure but cannot be guaranteed.

I, _____ release Daydreams Salon LLC and my technician Deana Ruzicka from all liability associated with this procedure and I will do my part to maintain the health of my eyes and lash extensions including following all aftercare instructions. I will contact my technician should I have any questions, concerns or reactions to or about the lashes or products being used.

By sidng below, I verify that I have read and understand all of the above statements and I agree to them. Furthermore, all my questions have been answered to my satisfaction and I have been given the appropriate contact information for any other questions I might have.

Signature of Client: _____ Date: _____

Signature of Technician: _____ Date: _____