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Eyelash and/or Eyebrow Tinting Consent Form

Have you ever had your eyelashes tinted ? Yes / No | If yes, how long ago ? _____

Have you ever had your eyebrows tinted ? Yes / No | If yes, how long ago ? _____

If you had an adverse reaction to a previous tinting, please explain:

Please list any allergies you have:

Although every precaution will be made to ensure your safety and well-being before, during and after your tinting application, please be aware of the possible risks below. Please initial:

- ___ I am not currently taking any medications, over the counter or prescription, that would interfere with this procedure.
- ___ I have no current medical conditions, noted by a physician, that would interfere with this procedure.
- ___ I understand that additional conditions could occur or be discovered during the procedure, which could affect my ability to tolerate the procedure.
- ___ I understand that tinting eyelashes or eyebrows has some inherent risk of irritation to the orbital eye area, including the eye itself and could result in stinging or burning, blurry vision, and potentially blindness should the tint enter into the eye.
- ___ I understand that if the tinting agent, developer, or mixture of both accidentally comes into contact with my eye, my eye will be flushed with water and medical attention may be required.
- ___ I understand there is a slight possibility there may be some residual dark staining left on the skin, following the tinting process of either my eyelashes, eyebrows, or both. This will fade and go away within a short time.
- ___ I understand that, while every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently, and my final results may not be the color I initially wanted.
- ___ I understand that over the course of several weeks, the tint will gradually lighten and fade. Re-tinting will be required to keep the new color fresh. Most people need to re-tint every 4-6 weeks.

I have read the above information. If I have any concerns, I will address these with my licensed esthetician. I give permission to my licensed esthetician to perform the tinting procedure we have discussed, and will hold her, Earth Glow LLC, and Phenix Salons + Suites harmless and nameless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, or products I am currently ingesting or using topically. I understand my licensed esthetician will take every precaution to minimize or eliminate negative reactions as much as possible. In the event that I may have additional questions or concerns regarding my treatment, I will consult the licensed esthetician immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the licensed esthetician, whose signature appears below, responsible for any of my conditions that were present, though undisclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Signature: _____ Date: ___/___/___

Technician Signature: _____ Date: ___/___/___

Permission is granted to take photos of my eyes face which may be used for marketing purposes:

Signature: _____ Date: ___/___/___