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Eyelash Extensions Consent Form

Although every precaution will be taken to ensure your safety and wellbeing before, during, and after your eyelash extension application, please be aware of the following information and possible risks. Please initial:

- ___ I understand that a full set of eyelash extensions can make the appearance of my own eyelashes about thicker, and longer.
- ___ I understand that eyelash extension offerings have some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging and burning, blurry vision, and potential blindness should the adhesive enter the eye or should an allergic reaction occur.
- ___ I understand that some irritation, itching, or burning may occur on the skin if the bonding agent comes into contact with it.
- ___ I understand that this is a semi-permanent procedure, as my natural eyelashes will continue to grow and fall out normally, making touch-up or "fill" appointments necessary to maintain the original look achieved by replacing the eyelashes that have shed in the natural growth cycle. Most people require a fill appointment every 2-4 weeks.
- ___ I understand that while every attempt will be made to provide me with the length and fullness I have chosen, my final result may not be what I initially envisioned.
- ___ 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 if I have any concerns, I will address these with my eyelash extension artist. I give permission to my eyelash extension artist to perform the eyelash extension procedure we have discussed, and hold her, Earth Glow LLC, and Phenix Salons + Suites harmless and nameless from any liability that may result from this treatment, and any eyelash extension procedures that may follow. 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 eyelash extension specialist 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 procedure, I will consult the eyelash extension artist 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 eyelash extension artist, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the procedure 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: ____/____/____