

Consent For Eyelash Extension Procedure

I have agreed to have Fabulash extensions applied to and/or removed from my eyelashes. Before my qualified professional can perform the procedure, I understand and must complete this agreement and provide my informed consent by signing where indicated below.

Waiver of Liability: I understand the risks associated with having artificial eyelashes applied to and/or removed from my natural existing eyelashes and that the utmost of care in the application or removal of these products, there still exists risks associated with the procedure and product itself, which include, but not limited to: eye pain, eye irritation, and discomfort. As part of the procedure, I understand that certain amount of eyelash adhesive material will be used to attach the artificial Fabulash eyelashes to my existing eyelashes. Even though the Fabulash professional may apply or remove my Fabulash Lashes properly, I understand that the adhesive material and fumes may become dislodged during or after the procedure, which may irritate my eyes or require further follow-up care at my own expense and I will not attribute any liability to the Fabulash professional or Fabulash, LLC. as a result of this procedure and the use and care of these lashes. I also agree to defend, indemnify, and hold harmless to the professional and Fabulash, LLC. from any 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, or purchase of these Fabulash products. As used in this agreement, the term "Professional" and "Fabulash, LLC." include all their respective officers, directors, agents, employees, successors, and assigns.

Permission to Use Pictures: I hereby grant to the Fabulash Professional the full right to take, publish, and reproduce photographs of me, my face, my eyes or eyelashes, both before and after this procedure, for any advertising, education, or other purposes whatsoever, including the right to retouch these photographs as necessary by the Fabulash professional or Fabulash, LLC.

Care and Maintenance: I agree to follow the care and maintenance instructions provided by Fabulash, LLC and that if any follow-up care is necessary due to my own negligence, or failure to follow these instructions, this will be my own expense and risk. I understand that if I do any of the following; it may result in damage to my Fabulash extensions or may cause my lashes to fall off prematurely. Knowing this I agree to follow these tips for best results. I will avoid all oil based eye products, as these will loosen the bond of my Fabulash extensions. I will avoid getting my lashes wet within the first two hours after the procedure. For the first two days after the procedure, I understand it is best to avoid tanning, saunas, steam rooms, or swimming. If I experience any itching or irritation, I agree to contact my Fabulash Professional immediately to have the lash extensions removed. I agree to avoid waterproof mascara and not to use an eyelash curier, perm, or tint my Fabulash extensions. I agree not to pull, rub, or pick my Fabulash extensions. I understand that I should not attempt to remove my extensions on my own or with any product, but that the procedure requires that my lash extensions be professionally removed.

No Known Medical Conditions/Informed consent. I have read and completed the Fabulash Client Consent Form in its entirety. I acknowledge that I have been advised of the potential harmful or negative side effects that the lash extensions procedure or removal may cause to those who have specific medical or skin conditions. I understand that the adhesive and adhesive remover are a skin, eye, and mucus membrane irritant and that in rare cases, persons may be allergic or have hypersensitivity to synthetics, cyanoacrylate, or formaldehyde which in small amount may be present in adhesive. I understand that the procedure requires that I recline still for up to two hours or longer with my eyes closed, and that if I wear contacts, I must remove my contacts for the duration of the lash extension application or removal. I further state that I have no known medical condition that might be aggravated by the procedure.

If any action is brought to enforce the terms of this agreement, the prevailing party shall be entitled to its costs and reasonable attorneys' fees. Any claims arising out of this agreement will be resolved through binding arbitration using the rules of the American Arbitration Association.

This agreement will remain in effect for this procedure, and all future procedures conducted by the Professional or any other professional conducting business at the salon/spa establishment listed above.

I agree that this Agreement is binding upon me, and my heirs, legal representatives and assigns. I represent that I am over 18 years of age and that I have the right to enter this agreement.

By his or her signature below, he or she ratifies and consents to this procedure under these terms.

Your Signature: _____ Print Name: _____ Date: _____