

Melissa Ashley Burlington

Eyelash Extensions Agreement and Consent Form

Name: _____ DOB: _____

Telephone: (Cell) _____

Would you like to receive text reminders of your appointments? Y N

If yes, who is your cellular provider? _____

Email: _____

Would you like to receive information on special promotions and events? Y N

How did you hear about me? _____

Have you had eyelash extensions before? Y N

Please check any that apply to you:

- I wear contacts
- I have/had eye injury or illness
- I have/had cancer
- I am allergic to latex, adhesives, or cyanoacrylates

Please initial:

____ I understand that this procedure requires single synthetic eyelashes to be glued to my own natural eyelashes.

____ I understand that it is my responsibility to keep my eyes closed and be still during the entire procedure, until my eyelash technician addresses me to open my eyes.

____ I understand that some risks of this procedure may be but not limited to eye redness and irritation. The fumes from the adhesive may cause my eyes to tear up if I open my eyes.

____ I agree to disclose any allergies that I may have to latex, surgical tapes, cyanoacrylate, Vaseline, etc.

____ I understand that I am required to follow the eyelash extension care sheet (attached hereto) in order to maintain the life of these extensions.

____ I agree that by reading and signing this consent form, I release Melissa Burlington from any claims or damages of any nature.

____ I agree that I read and fully understand this entire consent form.

____ I am of sound mind and fully capable of executing this waiver for myself.

____ I give Melissa Burlington permission to show my before and after photos of eyelashes to other potential clients/advertising/social media. Yes ____ No ____

____ I have read and understand Melissa Burlington's policies.

____ I have read and completed the Eyelash Extensions Intake & Consent form in its entirety, and have answered everything to the best of my ability. I have been informed of potentially harmful or negative side effects that may be caused by the application and/or removal of Eyelash Extensions.

Policies:

Appointments: All services are provided by appointment only and subject to availability. It is recommended that you schedule your appointments in advance to secure a convenient date and time.

Cancellations: Please provide us with a 12 hour cancellation notice. Rescheduling is subject to availability. Any cancellation with less than a 12 hour notice will incur a 50% cancellation charge of your service appointment unless scheduling for another day.

Refunds: All services are non-refundable, non transferable and non-exchangeable.

Payment: Visa, MasterCard, Discover and cash are accepted. Payment is due at the time of service.

Fix/Removal: If you are experiencing any discomfort or irritation, please contact us immediately-this is not normal. If a lash becomes dislodged or you decide to remove your lashes, please do not attempt to do so yourself as this can damage your natural lash. Contact us to schedule a professional removal.

I confirm and agree that I wish to engage the services of Melissa Burlington to apply eyelash extensions.

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____