



# [ Waiver Form ]

I have agreed to have Semi Permanent Eyelash Extensions applied to and/ or removed from my eyelashes. Before my qualified professional can perform this procedure, I understand I must complete this agreement and provide my informed consent by signing and dating where indicated below. For valuable consideration, in order to have Semi Permanent Eyelash Extensions applied and/ or removed from my eyelashes:

1. **Waiver of Liability.** I understand there are risks associated with having semi- permanent eyelash extensions applied to and/ or removed from my existing eyelashes, and that notwithstanding the utmost of care in the application or removal of these products, there still exist risks associated with the procedure and product itself, which include, without limitation, eye irritation, eye pain, and some discomfort. As part of this procedure I understand that single eyelash extensions are adhered to my own natural lashes. I understand that that the natural lash cycle is sixty to ninety days. When one lash falls out, there is another lash growing in. I, therefore, understand that I will need regular fills every 2- 4 weeks weeks to keep my lashes looking beautiful. I understand that I am required to follow the eyelash extension after care guide in order to maintain my eyelash extensions. I understand that variables, including the natural lash cycle and customer care, will influence the longevity of my eyelash extensions. 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 the fumes from the adhesive may cause my eyes to tear up. I agree to disclose any allergies that I may have to latex, surgical tape, cyanocrylate, vaseline etc.

2. **Permission to Use Pictures.** I hereby grant to the professional and Lash Up Corp, the full right to take, publish, and reproduce photographs of me, my face, my eyes and/ or eyelashes, both before and after this procedure, for any advertising, education, or other purposes whatsoever, including the right to retouch these photographs as deemed necessary by Lash Up Corp. I further expressly assign any copyright in the photographs to Lash Up Corp. I also grant my consent for Lash Up Corp to use my image and likeness as contained in these photographs for any advertising or other purposes, along with any comments I may provide.

If you do not agree to the use of your photos please initial here. \_\_\_\_\_

3. **Care and Maintenance.** I agree to follow the care and maintenance instructions provided by Lash Up Corp for the use and care of Semi Permanent Eyelash Extensions, and that if any follow up care is required due to my own mistake or negligence, or failure to follow these instruction, this will be at my own expense and risk. I understand that if I do any of the following, it may result in damage to my Semi Permanent Eyelash Extension or may cause my lashes to fall off prematurely. Knowing this I agree to follow the aftercare guide provided to me by Lash Up Corp. I understand that I should not attempt to remove my lash extensions on my own or with any product, but that the procedure recommends that the lash extensions be professionally removed.

4. **No known Medical Conditions/ Informed Consent.** I have read and completed the Lash Up Corp Client Intake Form in its entirety and truth. I acknowledge that I have been advised of the potential harmful or negative side effects that the procedure or removal may cause to those who have specific medical or skin conditions. I understand that the procedure requires that I lay still for up to 90 minutes or longer with my eyes shut, and that if I wear contacts, I must remove my contact lenses for the duration of the application or removal. I further state that I have no known medical condition that might be aggravated by the procedure or any medical condition that would prevent me from complying with or heeding to the professionals instructions or these warnings.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Lash Up Pro

10721 181 Street NW, Edmonton, AB T5S 1N3

P. 587.488.8393 | E. education@lashuppro.ca | www.lashuppro.ca