THE LITTLE GREY BOX

Waiver of Liability

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorise Katie Lewis from The Little Grey Box to apply eyelash extensions to myself. On this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_ 2016 and future eyelash extension services.

Please read the following statements and let me know if any of these relate to yourself.

**Allergic to adhesives (glues, tapes, band aids, etc.)** -(Eyelash extension uses adhesive tapes, glue and gel pads that may cause an allergic reaction)

**Chemotherapy Treatments within the last 6 months** - (Medication for chemotherapy may cause a reaction to the materials used for eyelash extensions.)

**Thyroid Medications** - (Eyelash extensions will not last due to the medication in the system.)

**Lasik Surgery less than 4 months** - (Must wait 4 weeks post-op exam for medical consent.)

**Blephoroplasty** - (Eyes may have sensitivity to eyelash extensions and products used for prepping the eye area (glues, gel pads)).

**Wearing Contact Lenses** - (Glue used to apply the eyelash extensions may get underneath the contact lens and cause corneal abrasion or scratching. Contact lenses must be removed prior to eyelash extension procedures.)

**Pregnancy under 6 months gestation** - (Due to the type of glue used. it is not recommended.)

**I have had a patch test** - (Please notify me if you haven't as a form sent form will need to be signed for insurance purposes.)

**I am wearing Mascara - (**This needs to be removed before treatment can start**)**

**I am currently wearing Eyelash Extensions from another Salon** - (Please Note. These will need to be removed and a charge of £7 will be required. This will add an additional 30 minutes on to the treatment time. This is due to cross contamination of glues.)

Page 1 - Please turn over.

**By signing below, I am agreeing to the following:**

I understand there are risks associated with having artificial eyelashes applied to and/or removed from my natural eyelashes.

I understand that the eyelash extensions will be applied to the natural lash as determined by the technician so as not to create excessive weight on the natural eyelash thereby preserving the health, growth and natural look of the client’s natural eyelashes.

I understand as part of the procedure eye irritation, eye pain, eye itching, discomfort and in rare cases eye infection may occur.

I understand and agree that if I experience any of these issues with my lashes that I will contact my technician and have the eyelashes removed immediately and consult a physician at my own expense.

I understand that even though the technician may apply and remove the eyelashes properly, that adhesive materials may become dislodged during or after the procedure, which may irritate my eyes or require further follow up care.

I understand and agree to follow the aftercare instructions provided by my technician. Failure to follow the aftercare instructions can cause the eyelash extensions to fall out.

I understand that in order to have the eyelash extensions applied to my eyelashes I will need to keep my eyes closed for duration of 60-120 minutes during the procedure. I also understand that I will need to be lying in a reclined position. Any medical conditions that might be aggravated by lying still for a prolonged period of time may mean I will not be able to have the procedure performed on my eyes.

I understand that because of the natural lash cycle and wear and tear. I will need to maintain my extensions with touch up appointments usually recommended every 2 to 3 weeks to keep them full. If an appointment needs to be cancelled, 24 hours notice is required or a charge of 25% of the treatment will be charged.

I understand the aftercare instructions. I understand to keep my eyes closed throughout the process and tearing can cause the lashes to bond together rather than one on one.

This agreement will remain in effect for the procedure and all future procedures conducted by my technician for one year from the date of this signed form. I understand that this agreement is binding and that I have read and fully understand all information listed above. I represent that I am over the age of 18 years. If below 18 years of age a parent or guardian must also sign this form.

I hereby release any and all persons representing this salon from all claims, demands, damages, actions and cause of action arising out of the performance of the service. I give consent for photographs to be taken of my lashes and used for The Little Grey Box's use Y or N (please circle)

I certify that I completely understand and comply with the above stated

Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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