



## CONSENT FOR EYELASH PROCEDURE

I have agreed to have DFW Microblading Brows and Lashes apply eyelash extensions applied to and/or removed from my eyelashes. Before my licensed 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 my eyelash extensions applied and/or removed from my eyelashes:

### Waiver of Liability

I understand there are risks associated with having artificial eyelashes 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, discomfort, and, in rare cases, blindness when improperly handled. As part of this procedure, I understand that a certain amount of eyelash adhesive material will be used to attach the artificial Lashes to my existing eyelashes. Even though the Professional may apply or remove my lashes properly, I understand adhesive material may become dislodged during or after the procedure, which may irritate my eyes or require further follow-up care, at my own expense to prevent damage to my eyes. I also understand there is more than one technique for applying lashes to my eyelashes, and I will not attribute any liability to Professional or DFW Microblading Brows and Lashes, as a result of this procedure or the use and care of these lashes. I also agree to defend, indemnify and hold harmless Professional and DFW Microblading Brows and Lashes, from any and all 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 my purchase of these products. As used in this agreement, the terms "Professional" and "DFW Microblading Brows and Lashes" include all of their respective, directors, agents, employees, successors and assigns.

\_\_\_\_\_ If I wear contacts I agree to take them out while having

extensions put on.

I have no known medical conditions that may make me unable to receive eyelash extensions

### Care and Maintenance

\_\_\_\_\_ I agree to follow the care and maintenance instructions provided by my eyelash technician, and/or Professional for the use and care of my lashes and that if any follow up care is required due to my own mistake or negligence, or failure to follow these instructions, 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 lashes or may cause my lashes to fall out prematurely. Knowing this I agree to follow these tips for best results:

\_\_\_\_\_ I will avoid oil based eye products as these will loosen the bond of my lashes

\_\_\_\_\_ I will avoid getting my lashes wet within the first 24 hours after my application.

\_\_\_\_\_ For the first two days after application I understand it is best to avoid swimming, saunas or steam rooms.

\_\_\_\_\_ If I experience any itching or irritation, I agree to contact my DFW Microblading Brows and Lashes Professional immediately to have the lash extensions removed.

\_\_\_\_\_ I agree to avoid using waterproof mascara and to not use an eyelash curler, perm, or tint my Lashes

\_\_\_\_\_ I agree to not pick, pull or rub my Lashes.

\_\_\_\_\_ I understand that I should not attempt to remove my lash extensions on my own or with any product, but that the procedure requires that my lash extensions be professionally removed.