



Eyelash Extension Client Form

Client Information					
First Name:		Last Name:			
Address:					
City:		State:		Zip:	
Phone:				Email:	

Questionnaire:

1. Is this the first time you have had eyelash extensions applied? YES/NO
2. If no, where have you had them previously applied? _____
3. Do you habitually rub, pull, or pick your lashes for any reason? YES/NO
4. Do you have, or are you being treated for any eye illness or injury? YES/NO
5. Are you able to keep your eyes closed and lie still for up to 3hrs or longer? YES/NO
6. Please check any of the following that may apply to you:

<input type="checkbox"/> Lasik Eye Surgery within 6mo. <input type="checkbox"/> Permanent Eye Make-Up. <input type="checkbox"/> Blepharoplasty (<i>eye lift</i>). <input type="checkbox"/> Microdermabrasion within 2mo. <input type="checkbox"/> Allergies to synthetics such as acrylic nails. <input type="checkbox"/> Hypersensitivity to cyanoacrylate or any other adhesives. <input type="checkbox"/> Alopecia. <input type="checkbox"/> Thyroid Diseases. <input type="checkbox"/> Pink Eye.	<input type="checkbox"/> Sty. <input type="checkbox"/> Hormonal imbalance or extreme stress. <input type="checkbox"/> Drugs that may cause temporary hair loss <input type="checkbox"/> Chemotherapeutic agents used in cancer treatment. <input type="checkbox"/> Retinoid's used to treat acne & skin problems (<i>Ex: Accutane or Retin A</i>) <input type="checkbox"/> Anticoagulants, Beta-adrenergic blockers used to control blood pressure. Other Remarks: _____
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Consent for Eyelash Extension Procedure:

I have agreed to have **Hollywood Style** apply eyelash extensions and, if circumstances permit, have extensions removed from my natural eyelashes. Before my qualified professional may perform this procedure, I understand and agree to this agreement and provide my informed consent by signing and dating where indicated below.

1. **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 are existing risks associated with the procedure and product itself. These include, without limitation: eye irritation, eye pain, discomfort, and in rare cases, loss of vision 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 eyelash to my existing eyelashes. Even though the professional may apply or remove my eyelash extensions 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 eyelash extensions to my eyelashes, and I will not attribute any liability to my independent eyelash professional as a result of this procedure or the use and care of these lashes. I also agree to defend, indemnify and hold harmless my eyelash professional 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 any eyelash extension products.
2. **Care and Maintenance.** I agree to follow the care and maintenance instructions provided to me for the use and care of my eyelash extensions 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 eyelashes or may cause my lashes to fall off prematurely. Knowing this, I agree to adhere to the following:



- I will avoid oil based eye products as these will weaken the bond of my eyelash adhesive.
- I will avoid swimming, saunas, steam rooms, or any form of moisture including perspiration.
- If I experience any itching or irritation, I agree to contact my eyelash professional immediately to have the lash extensions removed.
- I agree to avoid using waterproof mascara and to not use a mechanical eyelash curler.

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

I understand that this agreement is binding upon me, and my heirs, legal representatives and assigns. I represent that I am over 18yrs of age, and that I have the right to enter this agreement, or if I am under 18yrs of age, I have had my parent or legal guardian consent to this agreement, and his/her relationship to me is as follows: _____. By his/her signature below, he/she ratifies and consents to this procedure under these terms.

Cancellation Policy

This agreement must be filled out by someone 18yrs of age or older. If you are not 18 and are booking an Eyelash Extension service, please have your parent or legal guardian fill out this section of the form.

If time permits, know that we will be happy to accommodate any changes to services for you. **Hollywood Style** requires valid credit card information to reserve these appointments. **Changes & Cancellations can be made no later than 24hrs prior to your scheduled Eyelash Extension service(s).** Should you fail to comply please see the penalties below:

1. In the event or rescheduling or cancelling within 24hrs prior to your service, your valid credit card will be charged in the form of 50% of the Eyelash Extension service fee you have been scheduled for.
2. A 100% charge will take place if you fail to show up to your scheduled Eyelash Extension appointment time without notifying your eyelash technician. No exceptions.
3. Appointments scheduled within the 24hr time period: If these need to be rescheduled or cancelled, they *must* be done within 3hrs of the appointment time. If not, your valid credit card will be charge in the form of 50% service fee of the reserved service amount.

These totals will be charged to the valid credit card listed below.

Credit Card Type: Mastercard / Visa / Discover / American Express

Credit Card #: _____

Expiration Date: _____ CVC: _____

Name (as it appears on card): _____

ZipCode of billing address: _____

I, _____, understand the terms and conditions listed above. I understand the cancellation policy and the charges that will be made if the policies above are not abided by. By signing this I agree I have read and completed all the forms above.

_____(Initial) I understand this is a beauty service and there are no refunds.

Signature

Print Name

Date

Parent/Guardian Signature

Print Name

Date

Once again, we thank you for choosing us! Please call us with any further questions. 605.336.8910.

PLEASE NOTE: Consultations Appointments [15min.] for a Full Set of Eyelash Extensions are required prior to the service. This will need to be scheduled prior to your Full Set Eyelash Extension appointment.