



Lash Lift + Tint + Brow Lamination

CLIENT CONSENT FORM

I hereby consent to and authorize Images Salon & Spa Estheticians to perform the following procedure:

Lash Lift + Tint / Brow Lamination + Tint

_____ By signing this agreement, I give my consent to undergo an eyelash lift, brow lamination, and/or eyelash tint, including any necessary touch-ups, performed by my technician.

_____ I am aware that there are risks associated with these procedures, including eye irritation, eye pain, itching discomfort, and in rare cases, infection or blurriness.

_____ If I experience any of these medical conditions with my lashes, I agree to promptly contact my technician and seek medical advice at my own expense.

_____ I understand that despite the proper technique used by my technician, certain instruments, tapes, cleaners, eye gel pads, adhesives, and removers used during the procedure may cause eye/brow irritation or require follow-up care by a physician.

_____ I acknowledge that mild and temporary symptoms may occur during brow lamination, such as tingling, slight redness from brushing the hairs, or a mild warmth in the area. These symptoms are normal and will subside within 24 hours.

_____ This agreement remains in effect for the current procedure and all future procedures performed by my technician.

_____ I have been given the option to undergo a patch test of the products to be used. I take full responsibility for any reactions that may occur due to my known sensitivities/allergies.

_____ I understand and consent to keeping my eyes closed throughout the procedure.

_____ If I have any concerns, I will address them with my lash/brow technician.

_____ I will remove any contact lenses before the procedure.

By signing below, I hereby acknowledge that I have completely read and fully understand the above agreement.

Client Name (Printed)

Client (signature)

Date