

PHI LASHES

CONSENT

I AUTHORISE TO APPLY EYELASH EXTENSIONS
TO MYSELF.

ON THIS DAY OF AND FUTURE EYELASH EXTENSION SERVICES.

BY SIGNING BELOW, I AM AGREEING TO THE FOLLOWING:

I UNDERSTAND THAT BECAUSE OF THE NATURAL LASH CYCLE AND WEAR AND TEAR, I WILL NEED TO MAINTAIN MY EXTENSIONS WITH TOUCHUP APPOINTMENTS USUALLY RECOMMENDED ABOUT EVERY 2 TO 4 WEEKS TO KEEP THEM FULL.

I UNDERSTAND THE AFTER CARE INSTRUCTIONS. I UNDERSTAND TO KEEP MY EYES CLOSED THROUGHOUT THE PROCESS AS TEARING CAN CAUSE THE LASHES TO BOND TOGETHER RATHER THAN ONE ON ONE.

I HEREBY RELEASE ANY AND ALL PERSONS REPRESENTING THIS SALON FOR ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS AND CAUSE OF ACTION ARISING OUT OF PERFORMANCE OF THE SERVICES. I GIVE CONSENT FOR PHOTOGRAPHS TO BE TAKEN OF MY ASHES AND USED FOR THE SALON'S USE. YES OR NO (PLEASE CIRCLE)

I CERTIFY THAT I COMPLETELY UNDERSTAND AND COMPLY WITH THE ABOVE AS STATED.

.....

ARTIST

.....

SIGNATURE



BY

A handwritten signature in gold ink, consisting of several overlapping, fluid strokes that form a cursive name.