

Healing Elements Day Spa Lash Lifting Consent

_____ I understand that there are risks associated with the Lash Lifting procedure.

_____ I understand that the lashes will be curled with an advanced solution and a conditioning cream.

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

_____ I understand and agree to follow the aftercare instructions provided by my technician.

_____ I understand Failure to follow the aftercare instructions may cause an undesirable result.

_____ I understand that All conditions must be revealed or disclosed to the technician regarding my health history, medications being taken and any past reactions to products used or medications taken.

_____ I Understand that I cannot receive the Lash Lift procedure if I am in my first trimester of pregnancy

_____ I understand that I am not on the medication **Thyroxin**, if you are on this medication, the lash lift will not work.

_____ I understand that in order to have a Lash Lift, I will need to keep my eyes closed for duration up to 60 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 prolonged period of time may mean that I will not be able to have the procedure performed on my eyes.

_____ I understand that opening my eyes at any point during the Lash Lift procedure is not recommended, and may cause an undesirable result. I agree to keep my eyes closed throughout the procedure unless instructed to open them by my technician.

_____ This agreement will remain in effect for this procedure and all future Las Lift procedures conducted by my technician or any other technician at Healing Elements Day Spa. I understand that this agreement is binding and that I have read and fully understand all information above. I represent that I am over the age of 18 years. If below 18 years of age parent or guardian must also sign this form.

_____ Initial here if you give consent to the technician to take before and after pictures that may or may not be posted. If you do not want any pictures taken please do not initial.

_____ I release my technician or Healing Elements Day Spa from all liability associated with this procedure. There are no guarantees for how long the lash lift will last, on average it will last between 6-8 weeks. Healing Elements Day Spa is not responsible for any technician errors. I understand that I have been advised to follow the aftercare protocol from my technician so as to avoid any discomfort or adverse side effects after the procedure has been completed.

Client Signature: _____

Date: _____/_____/_____

