



## Client Information

*For semi-permanent artificial eyelash application and/or removal*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ **\*By providing an email address I consent to receiving future promotions, notifications, etc.**

How did you hear about LiquiFan™ eyelash extensions?

- ❖ Web search
- ❖ Mailer
- ❖ Stylist
- ❖ Friend
- ❖ Other: \_\_\_\_\_

Have you had professional eyelash extensions before?

- ❖ Yes
- ❖ No
- ❖ If so, where were they applied? \_\_\_\_\_

Purpose of eyelash extensions:

- ❖ Everyday wear
- ❖ Special Occasion

Do you wear contact lenses?

- ❖ Yes
- ❖ No

Do you rub or pick your eyelashes?

- ❖ Yes
- ❖ No
- ❖ If so, please explain: \_\_\_\_\_

Do you have any eye illnesses or have/had eye injuries:

- ❖ Yes
- ❖ No
- ❖ If so, please explain: \_\_\_\_\_

Please list any medications you are using: \_\_\_\_\_

Will you be able to lie still with eyes closed for two hours or longer?

- ❖ Yes
- ❖ No

Please indicate which of the following apply to you:

- |                                 |  |
|---------------------------------|--|
| ____ Permanent Eye Makeup       | ____ Exposure to chemicals such as Chlorine, Bleach, Dye and Perm hair |
| ____ Alopecia                   | ____ Allergies to adhesives or synthetics                              |
| ____ Childbirth within 4 months | ____ Hypersensitivity to adhesives/glues                               |
| ____ Allergies to Glycerin      | ____ Taking anticoagulants   |





### ***Informed Consent***

#### ***For semi-permanent artificial eyelash application and/or removal***

Prior to the application and/or removal of Liquifan™ semi-permanent eyelash extensions, I agree to provide my informed consent by reading this agreement, and signing and dating where indicated below. As used in this agreement, the terms “Liquifan™” and “Professional” include of all their respective officers, directors, agents, employees, successors, and assigns.

1. **Waiver of Liability** I hereby consent that I am aware that there are risks associated with the application and/or removal of artificial eyelashes, whether from the procedure or product itself, which include, but are not limited to, eye irritation, eye pain, discomfort, and in rare cases, blindness when improperly handled. I understand that although Liquifan™ eyelash extensions may be applied properly by a professional, adhesive material may become dislodged during or after the procedure, which could result in eye irritation and require follow-up care, at my own expense, to prevent damage to my eyes. Furthermore, I will not attribute any liability to Liquifan™ or the eyelash extension Professional as a result of my eyelash extensions application and/or removal procedure or the use and care of these lashes. I also agree to defend, indemnify, and hold harmless Liquifan™ and the eyelash extension Professional from any and all claims, actions, expenses, damages and liabilities, including any attorneys' fees which might be assessed as a result of the purchase of Liquifan™ products or the performed procedure.
2. **Medical Condition** I have read and completed the Liquifan™ client information form in its entirety and I have been advised of the potential or negative effects that may be caused to an individual with specific medical or skin conditions as a result of the eyelash procedure. I state that I have no known medical conditions or injuries that may be exacerbated by the procedure or that may prevent me from complying with Liquifan™ instructions or warnings.
3. **Care and Maintenance** I agree to follow the advice and recommendations explained to me by Professional and Liquifan™ regarding the care and maintenance of my eyelash extensions. Failure to follow these instructions or negligence on my part will be at my own risk and expense. I agree to abide by the following recommendations for the best result: (Please initial every line)
  - ❖  I agree to only use recommended products on my eyelash extensions,
  - ❖  I understand that there are many variables, which include technician expertise, hair growth cycle, use of skin products and overall care that will influence how long eyelash extensions will stay in place.
  - ❖  I agree that I will not rub my eyes or pull on my lashes after Liquifan™ eyelashes have been applied.
  - ❖  I understand that if eyelash extensions are not applied properly, there is risk of eye or vision damage.
  - ❖  I have been advised that using mascara on a regular basis can shorten the life of my eyelash extensions.
  - ❖  I understand that touch-up appointments may be needed a few weeks after the appointment and there will be additional fees for this procedure.
  - ❖  I understand that although all precautions will be taken, not all risks can be known in advance.
  - ❖  I understand that I should not attempt to remove my eyelash extensions myself or with any product.
4. **Photo Consent** I hereby grant Liquifan™ the full right to use, publish, edit and reproduce both before and after photographs of my face, eyes, and eyelashes for marketing, education, and other purposes. I agree to award Liquifan™ all copyrights to these photographs. I also give consent for Liquifan™ to use my image, likeness, and any comments I may provide for marketing, education, or other purposes. Please use these images with the following title: \_\_\_\_\_ Please do not associate my name with my photo: \_\_\_\_\_

I acknowledge that this Agreement is binding upon me, my heirs, legal representatives, and assigns. I agree that I am over 18 years of age and that I have the right to enter this Agreement, or if I am under 18 years of age, I have the consent of my parent or legal guardian.

Signature/Parent/Legal Guardian: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_