

# Eyelash Extension Consultation

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



6826 Greenwood Ave North, 2<sup>nd</sup> floor - Suite A  
Seattle WA 98103  
206-830-8360  
samaraskincare@gmail.com

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

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

Birthdate: \_\_\_\_\_

Tel main: \_\_\_\_\_ Other: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency contact | phone: \_\_\_\_\_

## Liability Release Form

Allergies: (latex, acrylates - such as acrylic nails) Y \_\_\_\_\_ (explain): \_\_\_\_\_ N \_\_\_\_\_

Asthma or any respiratory (breathing) problems? Y \_\_\_\_\_ (explain): \_\_\_\_\_ N \_\_\_\_\_

Sensitivities: (itchy eyes, seasonal hay fever) Y \_\_\_\_\_ (explain): \_\_\_\_\_ N \_\_\_\_\_

Medical problems: (such as thyroid, alopecia, hair pulling - Trichotillomania, etc) Y \_\_\_\_\_ (explain): \_\_\_\_\_ N \_\_\_\_\_

Able to lie on your back for 2-3 hours during lash application? Y \_\_\_\_\_ N \_\_\_\_\_ Are you pregnant or planning to be? Y \_\_\_\_\_ N \_\_\_\_\_

Do you wear contact lenses? Y \_\_\_\_\_ N \_\_\_\_\_ Will you remove them? (It is recommended to remove lenses) Y \_\_\_\_\_ N \_\_\_\_\_

Type of eye makeup remover and mascara? \_\_\_\_\_

Desired length/style of extensions: (natural, longer, dramatic, cat eye, embellished, ultra-glam) \_\_\_\_\_

Sleeping on my face, extreme weather changes, steam, sauna, and other activities may damage the adhesive or crimp the extensions and may require more frequent refills. I reviewed and understand the aftercare instructions and will do my part to help maintain my eyelash extensions. Initial \_\_\_\_\_ I understand that eyelash extensions require ongoing maintenance and that "Refill" fees are based on time and/or the number of extensions that need to be replaced at the "Refill" appointments. If I wait too long between "Refills", I may need to pay for a new full set. If I no longer wish to wear the eyelash extensions, my technician will remove them and I will not try to remove them myself and there may be a fee for removal of the eyelash extensions. Initial \_\_\_\_\_ I will seek medical care (at my own expense) and contact my Lash Technician immediately if any allergic or adverse reaction occurs. All of my questions were answered and I understand the procedure and risks. Initial \_\_\_\_\_ I grant permission to use my before and after photos for marketing or examples of my technicians work. Initial Y \_\_\_\_\_ N \_\_\_\_\_ Before and after photos are a permanent part of the Technician's records. You may opt out of marketing purposes.

I release NaturaLash by WINKx LLC and my Certified NaturaLash Technician at Samara Skincare from any and all liability associated with this procedure (which will be performed with the utmost attention to safety and proper application using tools and products that the Lash Technician has been trained and certified to use. NaturaLash provides extensive, safe eyelash extension application training and is not responsible for any Technician errors or misunderstandings.) This procedure has many variables due to lifestyle, moisture, weather, extreme temperatures, natural eyelash shedding, and other factors. The Technician will assess and decide if I am a candidate for this service to the best of their ability. *No guarantees are made or implied.* Initial \_\_\_\_\_

By signing below, I verify that I have read and understand the above statements and agree to them. I also read and initialed the space above.

Client signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Technician signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: