LASH LIFT AND TINT AGREEMENT AND CONSENT FORM CLIENT INFORMATION:

Name (First & Last):	DOB:
How did you hear about us?: □ Facebook □ Ins	stagram □ Google Search □ Friend □ Other
PLEASE READ AND UNDERSTAND THE FOL	LOWING:
• I understand there are risks associated with h	aving a lash lift and/or lash tint. I further
understand that as part of the procedure, eye ir	ritation, eye pain, eye itching, discomfort, and in
rare cases allergic reaction, eye infection, or blu	urriness could occur. You may have a patch test
at least 24 hours before your appointment if you	u wish. I agree that if at any time, I am
uncomfortable with the lash lift and tint treatmen	nt, I will inform the technician and she will gladly
rectify the problem, including ending the session	n.
• I understand and consent to having my eyes of	closed and covered for the duration of the
procedure.	
• Eyelashes should be clean, dry, and free of m	ascara, makeup, and oil residue. If you attend
your appointment without proper preparation, A	
satisfactory results. We will clean any mascara	or residue on your lashes as there is makeup
remover on site.	
• I understand that, while every attempt will be	•
everyone's hair absorbs color differently and the	•
• For optimum results avoid direct heat, steam,	•
your eye area for 24 hours after the application.	
There are no guarantees for the length of time	•
	my part to maintain my eyelashes. I understand
that there are many factors that may affect the l	
and moisture contact, weather conditions, and a	activities involving exposure to high
temperatures.	begins a look lift and/on look tint if you are
We suggest checking with your doctor prior to programs, pureing have abrenia dry eye, conjunt	•
pregnant, nursing, have chronic dry eye, conjur recently undergone chemotherapy, or have recently undergone chemotherapy.	
	you: have damaged lashes or lashes with gaps
•	wledge that the results of lash lift and/or lash tint
-	ilts are offered or implied. Anne Bonny's will not
	of a client's unhappiness with their final results. I
take sole responsibility for any reaction I may ha	• •

belongings. I agree to hold Anne Bonny's and all authorized representatives harmless from any

INITIAL _____ INSTAGRAM (if you would like to be tagged): @_____ Signature: _____ Date: _____

liability involved in the lash lift and/or lash tint process. Anne Bonny's and their staff have explained this procedure to me and all my questions, if any, were answered. I have reviewed and completely understand all the information on this form. OPTIONAL: I give Anne Bonnys. permission to take, publish and reproduce photographs of me, my face, and/or my eye area,

both before and/or after the procedure for advertising and other purposes.

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FOR TEC	HNICIAN USE: Date:	Lift Band Size:	Eyelash Tint
Color:	Lift Time:	Set Time:	Notes:
		Date:	Lift Band
Size:	Eyelash Tint Color:	Lift Time:	Set Time:
	_ Notes:		