



**"You're A Bright,  
Beautiful GODDESS"**

I \_\_\_\_\_ agree to have eyelash extensions applied to my natural eyelashes and/or removed and retouched. By signing this agreement, I consent to the placement and/or removal of the eyelash extensions by Valdeniece Health & Beauty.

\_\_\_\_\_ I understand that in rare occasions there are risks associated with having artificial eyelashes and eyelash extensions applied to or removed from my natural eyelashes. I further understand that in rare cases as part of the procedure eye irritation and discomfort could occur. I agree that if I experience any of these conditions with my lashes that I will contact the certified eyelash extension professional that performed this procedure and it may be beneficial to have the eyelashes removed.

\_\_\_\_\_ I understand and agree to the after-care instructions provided by Valdeniece Health & Beauty for the use and care of my eyelash extensions. I realize and accept the consequences of failure to adhere to these instructions may cause the eyelash extensions to fall out and/or decrease the time the lashes will last.

\_\_\_\_\_ I understand and consent to having my eyes closed and covered for the duration of approximately 60-120 minute procedure for Single Individual lashes (& about 7-10 minutes for cluster individual) Times may vary depending on the type and number of eyelashes applied.

\_\_\_\_\_ I am informing Valdeniece Health & Beauty of the following conditions by marking with a check:

- Current use of contact lenses which I may be asked to remove during the procedure
- Current use of anything such as oil-containing sunscreen or moisturizers around the eyes
- Current use of eye drops of any kind, prescription or over-the-counter
- Current allergies or sensitivities
- History of recurrent eye or tear duct infections
- History of dry eyes or Sjorgen's Syndrome
- Recent history of Chemotherapy
- Other medical conditions which would prohibit or compromise placement and retention of eyelash extensions
- Extra Please List here \_\_\_\_\_

\_\_\_\_\_ I agree to the following eyelash extension follow-up and maintenance instructions:

- No waterproof mascara
- No oil based products around the eye area
- No water can come in contact with the eye area for 24 hours after the application
- No tinting or perming of eyelash extensions
- No pulling or rubbing of the eyelash extensions
- Should any kind of eye drops be necessary extra care should be taken to prevent moisture from coming into contact with the eyelash extensions

This agreement will remain in effect for this procedure and all future follow-ups conducted by Valdeniece Health & Beauty. I read English and understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I am over 18 years of age and consent to the agreement and to the eyelash extension application procedure.

Client Name, Email, Phone# \_\_\_\_\_

Client Signature: \_\_\_\_\_

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