

SEED 2 SOUL BEAUTY

Lash Extension Consent & Liability Waiver

Client Name		Date	
Phone Number		Service	Full Set / Fill / Removal / Other

CLIENT HEALTH & SAFETY DISCLOSURE

Please disclose any condition that may affect the safety or outcome of your lash service.

- ☐ Eye infection, irritation, redness, swelling, or excessive tearing
- ☐ Conjunctivitis (pink eye), sty, or other eye condition
- ☐ Recent eye surgery, procedure, or injury
- ☐ Known allergy/sensitivity to lash adhesive, cyanoacrylate, tape, gel pads, or cosmetic products
- ☐ Extremely sensitive eyes or skin
- ☐ Prescription eye drops or medications affecting the eye area
- ☐ None of the above

If applicable, please explain: _____

INFORMED CONSENT

I understand that eyelash extension services involve applying individual synthetic lash extensions to my natural eyelashes using professional lash adhesive.

I understand that potential reactions or complications may include temporary redness, irritation, itching, swelling, watering of the eyes, sensitivity, or an allergic reaction to adhesive, tape, eye pads, cleansers, or other products used during the service.

I agree to immediately inform my lash artist if I experience burning, stinging, pain, or unusual discomfort during the service.

I understand that allergic reactions can occur even if I have previously received eyelash extensions without a reaction, and I agree to disclose known allergies or sensitivities before my service.

I understand that I must keep my eyes closed and remain as still as reasonably possible throughout application or removal for my safety.

LASH RETENTION & AFTERCARE

I understand that retention varies and may be affected by my natural lash growth cycle, skincare products, cosmetics, lifestyle, aftercare, medications, hormones, rubbing or pulling, and other individual factors.

I understand that following the aftercare instructions provided by Seed 2 Soul Beauty is important for natural lash health and extension retention.

I agree not to pick, pull, cut, or improperly remove my lash extensions. I understand that improper removal may damage my natural eyelashes.

I understand that Seed 2 Soul Beauty cannot guarantee a specific retention period or exact final appearance because natural lashes and individual responses vary.

SEED 2 SOUL BEAUTY

Lash Extension Consent & Liability Waiver - Continued

CLIENT ACKNOWLEDGMENT & RELEASE

I confirm that I have provided accurate information regarding allergies, sensitivities, eye conditions, medications, and other relevant health information that could affect my lash service.

I understand the nature of the service and its reasonably foreseeable risks and voluntarily consent to receiving the selected eyelash service.

To the extent permitted by applicable law, I agree that Seed 2 Soul Beauty and my lash artist will not be responsible for complications resulting from information I failed to disclose, failure to follow aftercare instructions, or my own manipulation or improper removal of the extensions.

I understand that this consent does not waive any rights that cannot legally be waived.

PHOTO & VIDEO CONSENT - OPTIONAL

Please select **one**. Declining photo/video consent will not affect your ability to receive services.

- ☐ **YES** - I give Seed 2 Soul Beauty permission to photograph or record my lash results and use the content for its website, portfolio, social media, advertising, and other promotional materials.
- ☐ **YES, WITH RESTRICTIONS** - My lash/eye area may be photographed, but I do not consent to my full face or other identifying features being shown.
- ☐ **NO** - I do not give permission for my photos or videos to be used for marketing or promotional purposes.

SIGNATURE

By signing below, I acknowledge that I have read and understood this form, had the opportunity to ask questions, and voluntarily consent to the eyelash service.

Client

Signature

Date

Lash Artist

Artist Signature

Date

Seed 2 Soul Beauty

Beauty that grows from within.

Business note: This form is intended as a general client consent template and is not legal advice. Consider having a Georgia attorney review your final waiver and booking policies.