



LASH HOUSE

 @LashHouseBradenton

 lashhousefl@yahoo.com

CLIENT FULL NAME

PHONE NUMBER

BIRTHDAY

ADDRESS

EMAIL

INSTAGRAM @NAME

HAVE YOU HAD LASH LIFT IN THE PAST? ☐ YES ☐ NO

IF YES, HAVE YOU EVER EXPERIENCED ANY REACTIONS?

DO YOU HAVE ANY EYE CONDITIONS, DISEASE OR INJURY THAT HAS AFFECTED YOUR HAIR LASH GROWTH OR LOSS?

DO YOU SUFFER FROM ANY ALLERGIES (LATEX/CYANOACRYLATE)?

CONSENT FOR LASH LIFT

There are risks associated with the procedure and product itself which includes and without limitations: eye irritation, eye pain, discomfort, and in rare cases blindness. I hereby assume all risks associated with the Service, whether known or unknown. I will not attribute my liability to the professional, or Lash House FL, LLC because of this procedure.

I agree that this agreement is binding upon me and my heir, any legal representations including my lawyer, and the company Lash House FL, LLC. By his or her signature below, he or she ratifies and consents to this procedure under these terms.

PHOTO CONSENT

I, _____ grant permission to Lash House FL, LLC for the use of the photograph(s) or electronic media images as identified below in any presentation of any and all kind whatsoever. I understand that I may revoke this authorization at any time by notifying Lash House, LLC in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them.

Client Signature

Date Signed