



LASH PERM CONSENT FORM

Name _____ Date _____
Address _____ City _____
State _____ Zip Code _____ Phone _____
Email _____
How did you hear about us: _____

I _____ agree to have an eyelash perm applied to my natural eyelashes. By signing this agreement, I consent to the procedure of an eyelash perm by Wicked Med Spa.

Please read and initial below:

_____ I understand there are risks associated with having an eyelash perm. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blurriness could occur. I understand that even though **Wicked Med Spa** perms the lashes using the proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may irritate my eyes.

_____ I have been advised to not wear mascara or eye makeup to my Lash Perm appointment. Failure to remove mascara or eye makeup may compromise the results of my lash perm.

_____ I agree that if I experience any of these medical conditions with my lashes that I will contact Wicked Med Spa and consult a physician at my own expense.

_____ I understand and consent to having my eyes closed and covered for the duration of the 45-60 minute procedure.

_____ **I understand there are no guarantees for curl tightness and RESULTS WILL VARY.**

_____ **I understand that there is no guarantees for the length of time the lashes will be curled and results vary.**

_____ **It is my responsibility to discuss desires results with my service provider and to ask any questions I may have about the lash perm before I receive the service.**

_____ **I understand that there are many factors that may affect the life of the eye lash perm such as; water and moisture contact, weather conditions, and activities involving exposure to high temperatures.**

_____ **Because RESULTS VARY and are NOT GUARANTEED, refunds will not be issued if curl results are not desired. There will be a 50% charge for re-do's.**

_____ I am informing **Wicked Med Spa** of the following conditions by marking with a check:

- ___ Current use of contact lenses which I agree to remove during application
- ___ 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 to instruments, fumes, tapes, cleaners, eye gel pads, adhesives, and removers that could cause my eyes to water and blink in excess
- ___ 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 the process and retention of this eyelash perm

I release **Wicked Med Spa** from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the technician has been professionally trained to use. This agreement will remain in effect for this procedure and all future procedures conducted by **Wicked Med Spa and/or Esthetician**. 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 treatment.

24- hour notice is required for any canceled or rescheduled appointment or 50% of service price will be charged. Failure to show without notice will require in full payment of service booked.

Because RESULTS VARY and are NOT GUARANTEED, refunds will not be issued if curl results are not desired. A 50% charge will apply for re-do's.

***Re-do's at a 50% charge will only be done within 1 week of original appointment.**

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

Signature: _____ **Date:** _____

Parents must sign for any participating minor (those under 18 years of age) and agree that they and the minor are subject to all the terms of this document, as set forth above.

Parent/Guardian Signature: _____ **Date:** _____

