

— THE —
GOODFACE

Lash Lift + Tint Consent Form

CLIENT INFORMATION:

Name: _____ DOB: _____
Address: _____
Phone: _____ Emergency Contact: _____

PLEASE READ AND UNDERSTAND THE FOLLOWING:

- I understand there are risks associated with having a lash lift and/or tint. I further understand that as a part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases allergic reaction, eye infection, or blurriness can occur. If you wish, you may have a patch test at least 24 hours before your appointment.
- I agree that at any time I am uncomfortable with the lash lift and tint treatment, I will inform the technician and they will gladly rectify the problem, including ending the session.
- I understand and consent to having my eyes closed and covered for the duration of the procedure.
- You must prepare your eye area prior to your arrival. Eye lashes should be clean, dry, and free of mascara, makeup, and oil residue. If you attend your appointment without proper preparation, The Goodface cannot guarantee lasting or satisfactory results. Please let us know if you have any mascara or residue on your lashes.
- I understand that, while every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently and the result may not be the color I initially wanted.
- For optimum results avoid direct water, steam, heat, mascara, and other skin care products around your eye area for 24 hours after the procedure.
- I understand the aftercare instructions and will do my part to maintain my eyelashes. I understand that there are many factors that may affect the life of the lash lift and/or tint; such as, water and moisture contact, weather conditions, and activities involving exposure to high temperatures. There are no guarantees for the length of time your lash lift and/or tint will last.
- We suggest checking with your doctor prior to having a lash lift and /or tint if you are: pregnant, nursing, have chronic dry eye, conjunctivitis, eye infections, trichotillomania, have recently undergone chemotherapy, or have recently had Lasik or blepharoplasty surgery.
- A lash lift and/or tint may not be for you if you have damaged lashes with gaps or have extremely short natural lashes.

I acknowledge that the results of the lash lift and/or tint do vary, and that no guarantee of specific results are offered or implied. The Goodface will not refund or credit any amount of money because of a clients unhappiness with their final results. I take sole responsibility for any reaction I may have, staining of clothing and/or personal belongings. I agree to hold The Goodface and all authorized representatives harmless from any liability involved in the lash lift and/or tint process. The Goodface and their staff have explained this process to me and all my questions, if any, were answered. I have reviewed and completely understand all the information on this this form and at www.thegoodface.com.

I give The Goodface permission to take, publish, and reproduce photographs of me, my face, and/or eye area, both before and/or after the procedure for advertising and other purposes.

INITIAL: _____ INSTAGRAM (if you'd like to be tagged): @ _____

Signature: _____ Date: _____

FOR TECHNICIAN USE:

Date: _____ Lift Band Size: _____ Eyelash Tint Color: _____ Lift Time: _____ Set Time: _____
Date: _____ Lift Band Size: _____ Eyelash Tint Color: _____ Lift Time: _____ Set Time: _____

Notes: _____
