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GOODFACE

### Statement of Consent and Release for Lash and Brow Tinting

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

YES NO Have you ever used hair color before?

YES NO Have you ever had an allergic reaction to hair color?

YES NO Do you wear contacts?

YES NO Have you had a lash lift in the past?

How would you describe your lashes? Short Thick Long Straight Frail

What over-the-counter or prescription skin care products are you currently using? \_\_\_\_\_  
\_\_\_\_\_

YES NO Do you have diabetes, lupus, or any auto-immune disease? (If yes, describe) \_\_\_\_\_  
\_\_\_\_\_

Please list any illnesses or conditions you are being treated by a physician for: \_\_\_\_\_  
\_\_\_\_\_

Please list any medications you are taking, including over-the-counter herbs, vitamins and supplements: \_\_\_\_\_  
\_\_\_\_\_

List any allergies you have: \_\_\_\_\_  
\_\_\_\_\_

Yes No Have you ever had your brows or lashes tinted?

If you had an adverse reaction to a previous tinting, please explain: \_\_\_\_\_  
\_\_\_\_\_

Although every precaution will be made to ensure your safety and well-being before, during and after your tinting application, please be aware of the possible risks below.

Please initial:

\_\_\_\_ I understand to not tweeze, pull, or cut my natural lashes.

\_\_\_\_ I understand I cannot get my lashes wet or apply eye make-up for at least 24 hours after every lash lift appointment, as it will affect my results.

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\_\_\_\_ I understand that lash lifting and tinting lashes or brows has some inherent risk of irritation to the orbital eye area, including the eye itself, and can result in stinging or burning, allergic reaction, eye infection, blurry vision and potential blindness can occur.

\_\_\_\_ I understand that if the tinting agent, developer, or mixture of both accidentally comes into contact with my eye, my eye will be flushed with water and medical attention may be required.

\_\_\_\_ I understand that some irritation, itching or burning may occur to the skin which comes in contact with the tinting agent.

\_\_\_\_ I understand that there may be some residual dark staining left on the skin following the tinting process of either my lashes, brows or both. This will fade and go away within a short time.

\_\_\_\_ I am aware that a lash lift lifts my natural lashes. Depending on my natural lash length and strength, results may differ. I am also aware the lash tint will tint my natural lashes black, blue/black or natural brown depending on my preference.

\_\_\_\_ I understand that, while every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently and my final results may not be the color I initially wanted.

\_\_\_\_ I understand that over the course of several weeks, the tint will gradually lighten and fade. Re-tinting will be required to keep the new color fresh. Most clients need to re-tint every 3-4 weeks.

\_\_\_\_ I understand and consent to having my eyes closed and covered for the duration of the treatment. Note: You must prepare your eye area prior to your arrival. Eyelashes 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.

\_\_\_\_ I am aware that using a lash growth serum may affect my results. (Note: If you are using a lash lift serum, we highly suggest to completely stop using it while having the lash lift. However, if you must, we recommend to only use a very small amount, just on the lash line in the morning only, but cannot guarantee satisfactory results).

\_\_\_\_ I authorize my esthetician to obtain pre and post procedural photographs and give THE GOODFACE permission to use such photographs for publication/marketing/social media and/or teaching purposes, as they choose.

Any notes or pertinent information we should know regarding your lashes? \_\_\_\_\_

I have read the above information. If I have any concerns, I will address these with my skin care therapist. I give permission to my therapist to perform the tinting procedure we have discussed, and will hold him/her and THE GOODFACE harmless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the esthetician immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

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Client Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

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

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

*We suggest not receiving a lash lift and tint without a doctors consent, if you are pregnant, nursing, have chronic dry eye, conjunctivitis, damaged lashes or lashes with gaps, eye infections, trichotillomania, have recently undergone chemotherapy or have extremely short natural lashes. You will need to wait a year after having Lasik or blepharoplasty surgery. We may refuse service due to your health & saftey.*