

Release of Liability Waiver: NOVALASH Eyelash Services



Client History

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1. Have you ever received eyelash extensions before?	Yes	No
Date of Last Service:		
2. Do you currently have any eye infections or eyesight difficulties?	Yes	No
Please Describe:		
3. Do you have any known eye allergies to substances or cosmetics?	Yes	No
Please Describe:		
Client Consent		
1. I agree to use only recommended products on my NOVALASH Eyela	ash Extensions.	
I understand that there are many variables including technician expe cosmetics and skin care products, and the overall maintenance give NOVALASH Eyelash Extensions remain in place.		
3. I acknowledge that I should not pull on my lashes after they have be-	en applied.	
 I understand that if a NOVALASH Certified Lash Extensionist does n properly there is a risk of eye damage and harm to my vision. 	ot apply NOVALAS	H Eyelash Extensions
5. I understand that there is a possibility of allergic reaction – as with all cosmetic products. If there is a reaction within the first 48 hours after the service, we are happy to remove the eyelash extensions free of charge. Due to the time and material required for eyelash extensions full refunds will not be granted.		
I have been advised that using mascara on a regular basis will short in place. I have also been advised not to use waterproof mascara on		
I understand that touch-up appointments may be necessary as soon and that there may be additional fees for this procedure.	as two to three we	eks after the applications
8. I understand that any issue or dissatisfaction with the service must b Eyelash Extensionist prior to leaving Spa Escape. We are happy to you are pleased with the result. Due to the time and material required be granted.	provide corrections	or adjustments to ensure
 Spa Escape will not touch up or fill eyelash extensions received from lashes free of charge and apply a full set of our own to ensure quality extensions from NOVALASH. 		
I confirm to the best of my knowledge, that the answers I have given are correct information that maybe relevant to my treatment. I have read and discussed the NOVALASH Extensionist. I agree to hold Spa Escape, and its employees harm result from my informed decision to receive NOVALASH eyelash extensions.	above information	with my Spa Escape
I authorize Yolanda Rosenthal to apply NOVALASH Eyelash Extensions to my I	ashes.	
Client Name (please print):		
Signature:	_ Date:	

Extensionist Signature: _____ Date: _____