

# BROW/ LASH TINT CONSENT FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

I \_\_\_\_\_ agree to have an eyelash tint and/ or brow tint applied to my natural eyelashes and/or brows. By signing this agreement, I consent to the procedure of an eyelash tint and/ or brow tint by **Spa Sweet**.

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 there are risks associated with having an eyelash tint. I further, understand that as part of the procedure, eye irritation, eye pain, stinging, burning, eye itching, discomfort, and in rare cases; infection or potential blindness may occur if tint enters the eye. I understand that even though **Spa Sweet** tints the lashes using the proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may irritate my eyes. I understand that some irritation, itching or burning may occur to the skin which comes in contact with the tinting agent.

List all known allergies (food, products, ingredients, medication, etc.):

\_\_\_\_\_

\_\_\_\_\_ 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 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. Tinting will not thicken, lengthen or add additional hair but only tint present hair.

\_\_\_\_\_ 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. Recommended time between tints is 3-4 weeks.

I have read the above information. If I have any concerns, I will address these with my esthetician. I give permission to my esthetician to perform the tinting procedure we have discussed, and will hold him/her and his/her staff 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, 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. This agreement will remain in effect for this procedure and all future procedures conducted by **Spa Sweet**. 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.

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

**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. By initialing here, I'm acknowledging I have read and understand the terms of the cancellation policy. Initial: \_\_\_\_\_**

Signature \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_