

LASHED BY KIKI INC.

Lash Extension Consultation and General Liability Release Form.

Sleeping on my face, extreme weather changes, steam, sauna, and other activities may damage the adhesive or crimp the extensions. It may require more refills. I reviewed and understand the aftercare instructions and will do my part to help maintain my eyelash extensions.

Initials _____

I understand that eyelash extensions require ongoing maintenance (similar to nail frequencies) and that refill fees are based on time and/or the number of extensions that need to be replaced at the Fill In appointments. If I wait too long between Fill In's, I may need to pay for a new full set. If I no longer wish to wear the eyelash extensions, my technician will remove them. I will not try to remove them myself. There may be a fee removal of the eyelash extensions.

Initials _____

I will seek medical care- at my own expense, and contact Lashed By Kiki INC. immediately if any allergic or adverse reaction occurs.

Initials _____

I grant permissions to use my before and after photos for marketing or examples of my technician's work. (Before and after pictures are a permanent part of the technicians records. You may opt out of marketing purposes)

Initials _____

I release Lashed by Kiki INC. from any and all liability associated with this procedure (which will be performed with the utmost attention to safety and proper application using tools and products that the technician has been trained to use) This procedure has many variables due to lifestyle, moisture, weather, extreme temperatures, natural eyelash shedding, and other factors. The technician will assess and decide if I am a candidate for this service to the best of their ability. No guarantees are made or implied. **There are no refunds.**

Initials _____

by signing below, I verify that I have read and understand the above statements and agree to them. I also read and initialed the spaces above.

Client Name _____

Client Signature _____

Date _____