



*Willow*  
massage + spa

## Lash Lift Form

Please complete the [Client Intake Form](#) and the form below for this service.

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

Phone Number: \_\_\_\_\_

- I authorize any licensed esthetician at Willow Massage + Spa to perform the Lash Lift procedure.
- I understand that the lashes will be curled with an advanced solution and a conditioning cream.
- I understand it is my responsibility to be still during the procedure and to keep my eyes closed during the process unless otherwise advised.
- I understand that in some cases there may be complications such as eye redness, irritation and allergic reaction to the products used to lift the lashes and understand the risk of the cosmetic treatment I have chosen.
- I understand that if at any time I ( or the esthetician) are uncomfortable with the Lash Lift treatment, I will inform the esthetician and she will gladly rectify the problem, including ending the session.
- I understand there are no guarantees, warranties, promises, commitments or refunds and acknowledge that I have no particular representation or guarantees, and I am consenting to the Lash Lift at my own risk.
- I understand that all conditions must be revealed or disclosed by me to my esthetician regarding health history, medications being taken and any past reactions to products used.
- I herein signed, release, give up, acquit and discharge the licensed esthetician and Willow Massage + Spa and or anyone affiliated there including any other partnership, corporation or company associated with said individual from any claims or damages of any nature.

**I have read all information provided.\***

Please sign and date below to indicate that you have read all statements and understand: I, the client herein signed, certify that I have read and had explained to me and fully understand the above waiver and release form. I have provided information regarding my eye and overall health and medications taken to the best of my knowledge, the client herein signed, for the purposed of documentation, hereby consent to any “before and after” photographs, which may or may not be used for the purposes of advertising.

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

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

\_\_\_\_\_  
Esthetician Signature