



# LIFTING/TINTING INTAKE & CONSENT FORM

## CLIENT INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Preferred Appointment Day: \_\_\_\_\_ Preferred Time: \_\_\_\_\_  
\_\_\_\_\_

Customer Remarks:

\_\_\_\_\_  
\_\_\_\_\_

### How did you hear about us? (Please circle)

LAshX by Makeup Mandy™ Website WebSearch Magazine Web search Friend  
Other: \_\_\_\_\_

Have you ever used hair color before? Yes/No

Have you ever had an allergic reaction to hair color? Yes/No

Have you ever had a Lifting or Perming Procedure before? Yes/No If so, when was your last treatment? \_\_\_\_\_

Do you wear contacts? Yes/No

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

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

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

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

\_\_\_\_\_

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

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

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

Have you had any of the following in the last two weeks: Chemical peel, laser, waxing, use of acne medication, use of retinol? Please describe: \_\_\_\_\_

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 that tinting lashes or brows has some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging or burning, blurry vision and potentially blindness should the tint enter into the eye.

\_\_\_\_\_ I understand that if the tinting agent, developer, or the 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 over the course of several weeks, the tint will gradually lighten and fade. Re-tinting will be required to keep the new color fresh.

I have agreed to have LASHX by Makeup Mandy(R) eyebrow lamination applied to my eyebrows. Before my qualified professional can perform this procedure, I understand I must complete this agreement and provide my informed consent by signing and dating where indicated below. For valuable consideration, in order to have my LASHX by Makeup Mandy(R) Lift/Lamination/Tint Applied

**1. WAIVER OF LIABILITY.** I understand there are risks associated with having chemical lifting or perming of eyebrow or eyelashes, notwithstanding, care in the application or removal of these products, there still exist risks associated with the procedure and product itself, which include, without limitation, eye/skin irritation, eye pain, discomfort, and in rare cases, blindness when improperly handled. As part of this procedure, I understand that a chemical process is being used to cure or perm my natural eyelashes and or eyebrows. Even though the Professional will use proper technique,, I understand adhesive material may become dislodged during or after the procedure, which may irritate my eyes or require further follow-up care, at my own expense to prevent damage to my eyes. I also understand there is more than one technique for applying LASHX by Makeup Mandy(R) brow lamination or lash lifts, and I will not attribute any liability to Professional or Makeup Mandy, inc. as a result of this procedure or the use and care of these lashes. I also agree to defend, indemnify and hold harmless Professional and Makeup Mandy, Inc. from any and all claims, actions, expenses, damages, and liabilities, including reasonable attorneys fees which might be asserted against them as a result of my having this procedure performed, or my purchase of these LASHX by Makeup Mandy(R) products. As used in this agreement, the terms "Professional" and "Makeup Mandy, Inc" include all of their respective officers,directors, agents, employees, successors and assigns.

**2. PERMISSION TO USE PICTURES.** I hereby grant to Professional and Makeup Mandy, Inc. the full right to take, publish, and reproduce photographs of me, my face, my eyes, and/or eyelashes, both before and after this procedure, for any advertising,

**LIFT AND TINT INTAKE & CONSENT FORM (CONTINUED)**

education, or other purposes whatsoever, including the right to retouch these photographs as deemed necessary by Professional or Makeup Mandy, Inc.. I further expressly assign any copyright in these photographs to Makeup Mandy, Inc.. I also grant my consent for Professional and Makeup Mandy, Inc. to use my image and likeness as contained in these photographs for any advertising or other purposes, along with any comments I may provide. Please use these images with the following:

my own name no name to be used a fictitious name: \_\_\_\_\_

**3. CARE AND MAINTENANCE.** I agree to follow the care and maintenance instructions provided by Makeup Mandy, Inc and/ or Professional for the use and care of my LAshX by Makeup Mandy(R) lashes/brows and that if any follow up care is required due to my own mistake or negligence, or failure to follow these instructions will be at my own expense and risk. I understand that if I do any of the following, it may result in damage to my lashes/brows or may cause my results/lashes/brows to fall off prematurely. Knowing this I agree to follow these tips for best results: I will avoid oil-based eye products and I will avoid getting my lashes wet within the first 24 hours after my application. For the first two days after application I understand it is best to avoid swimming, saunas or steam rooms. If I experience any itching or irritation, I agree to contact my LAshX by Makeup MandyTM Professional immediately.

**4. NO KNOWN MEDICAL CONDITIONS/INFORMED CONSENT.** I have read and completed the LAshX by Makeup MandyTM Client Intake Form in its entirety and in truth. I acknowledge that I have been advised of the potential harmful or negative side effects (such as the premature shedding of my eyelash) that the lash/ brow lifting procedure or removal may cause to those who have specific medical or skin conditions. I understand that the chemicals for the service are a skin, eye and mucus membrane irritant and that in rare cases persons may be allergic or have hypersensitivity to them. I understand that the procedure requires that I lay still

for up to 1 hour with my eyes shut and that if I wear contacts, I must remove my contact lenses for the duration service. I further state that I have no known medical condition that might be aggravated by the procedure or any medical condition that would prevent me from complying with or heeding to the Professional's or LAshX by Makeup Mandy(R) instructions or these warnings. If any action is brought to enforce the terms of this Agreement, the prevailing party shall be entitled to its costs and reasonable attorneys' fees. Any claims arising out of this agreement will be resolved through binding arbitration using the rules of the American Arbitration Association. This agreement will remain in effect for this procedure, and all future procedures conducted by Professional or any other professional conducting business at \_\_\_\_\_ (salon/ establishment name and address). I agree

that this Agreement is binding upon me, and my heirs, legal representatives and assigns. I represent that I am over 18 years of age and that I have the right to enter this agreement, or if I am under 18 years of age, I have had my parent or legal guardian consent to this agreement, and his or her relationship to me is as follows: \_\_\_\_\_. By his or her signature below, he or she ratifies and consents to this procedure under these terms. Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_