



NOVALASH Consent Form

NOVALASH Certified Lash Extensionist Performing Application: _____

1. I understand that using products other than those recommended on my NOVALASH Eyelash Extensions may prevent the Eyelash Extensions from performing as described or expected, and understand that use of such product at my own risk.
2. I understand that there are many variables, application technique, hair growth cycle, use of cosmetics and skin care products, and the overall care maintenance given, that will influence how long my lashes last.
3. I understand that I should not rub my eyes or pull on my lashes after Eyelash Extensions have been applied.
4. I understand that there are risks associated with the application of NOVALASH Eyelash Extensions, including a risk of eye damage and harm to my vision.
5. I understand that using mascara on a regular basis can shorten the length of time my extensions remain in place. I also understand and have been advised not to use waterproof mascara on my NOVALASH Eyelash Extensions.
6. I understand that touch-up appointments will be necessary a few weeks after the application, and that there may be additional fees for these appointments.
7. I understand and acknowledge that by signing this consent form it will act as proof that I have read and understand the terms above and verbalized, for today and any future appointments I have using NOVALASH Eyelash Extensions.

I have read the above information and understand it. The application procedure as well as potential benefits, risks, and alternative have been explained to me by the NOVALASH Certified Lash Extensionist and I have had all my related questions satisfactorily answered by the Extensionist. I hereby freely consent to the application and accept the risks and possible complications of such application.

Client Name (printed): _____ **Date and Time:** _____

Client Signature: _____

Certified Lash Expert Signature: _____ **Date:** _____