**Client and Consent: Lash and Eyebrow Tinting**

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you wear contacts? Yes [ ]  No [ ]

Please list any medications, over the counter or prescription that you are currently using:

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

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

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

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

Have you ever had your eyebrows tinted? Yes [ ]  No [ ]

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

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

**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:**

I understand that tinting lashes or brows has some inherent risk of irritation to the orbital eye including the eye itself, and could result in stinging or burning, blurry vision if the tint enters the eye. If this occurs, I understand that my eye will be flushed with water.

**Initial Here:\_\_\_\_\_\_\_\_\_\_\_**

I understand that some irritation, itching or burning may occur to the skin which comes into contact with the tinting agent.

 **Initial Here:\_\_\_\_\_\_\_\_\_\_\_**

I understand that there may be some residual dark staining left on the skin following the tinting of either my lashes, brows, or both. This will fade and go away within a short time.

**Initial Here:\_\_\_\_\_\_\_\_\_\_\_**

**Release of Liability**

As a client, I understand that I hold harmless Blissful Journey LLC. Or any of its affiliates, the owners, and staff from any liability that may result from eyebrow or eyelash tinting.

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