

Saratoga Lashes & Skincare Eyelash Extension Agreement Consent and Waiver

I agree to have eyelash extensions applied and/or removed from my eyelashes by Reisa Mehlman Marlowe, NYS Licensed Aesthetician (hereafter referred to as "professional") and hold Reisa Mehlman Marlowe harmless if any problem should arise. Before my qualified professional can perform this procedure, I understand that I must complete this agreement hereby providing my consent and waiver by signing and dating where indicated that I agree to the following:

I understand there are risks associated with having artificial eyelashes applied to and/or removed from my natural eyelashes. I understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, swelling, and in rare cases eye infection or blindness could occur. I agree that if I experience any of these issues with my lashes that I will contact my professional and have the eyelashes removed and consult a physician at my own expense. Even though the professional may apply or remove the eyelashes properly, I understand that adhesive material may become dislodged during or after the procedure, which may irritate my eyes or require further follow up care.

I agree to follow the care instructions provided by my professional for the use and care of my eyelash extensions. Failure to follow the care instructions can cause the eyelash extensions to fall out, damage the extensions and/or decrease the longevity of the lashes. I understand there is no guarantee as to how long the lash extensions will remain affixed to my lashes.

The following instructions should be followed:

1. No waterproof mascara should be used.
2. No oil based products around the eye area.
3. No water should come in contact with the eye area within 24 hours of the eyelash extension and/or touch up procedure.
4. No tinting, perming or eyelash curling of the eyelash extensions.
5. No continuous rubbing or pulling on the synthetic lashes.

I agree to inform my professional of the following information if it applies to me:

1. I wear contacts. If I wear contacts, I agree to remove them prior to the eyelash extension procedure. If not, I assume all responsibility for any problem that may occur.
2. I am allergic to any type of adhesive. If I am allergic to adhesive, I will not be able to wear the eyelash extensions.
3. I am claustrophobic. If I am claustrophobic, I may not be able to have eyelash extensions applied.
4. I recently underwent Chemotherapy. If this is the case, I will not be able to wear eyelash extensions.

I understand that in order to have the lashes applied to my eyelashes, I will need to keep my eyes close for a duration of sixty to one hundred eighty minutes during the procedure. I also understand that I will need to be lying in a reclined position on my back and that if I have any medical condition that might be aggravated by lying still for a prolonged period of time; I will inform my professional of such condition and will not be able to have the procedure performed to my eyes.

This agreement remains in effect for the procedure and all future procedures conducted by Reisa Mehlman or any other professional conducting business at Saratoga Lashes & Skincare, located at Living Well 18 Low St Ballston Spa NY 12020. I understand that this agreement is binding and that I have read and fully understand all information listed above. I represent that I am over the age of 18 or if under the age of 18, I have a parent and/or guardian signature below and that he or she consents to this procedure under these terms. I also provide consent to Reisa Mehlman Marlowe taking photographs and displaying those photographs for advertising purposes.

Date: _____ Signature: _____

Phone: _____ Print name: _____

Street Address: _____ City/State: _____ Zip: _____

Email: _____ Phone/Cell: _____

Cell phone carrier(Att,Ver.,etc) _____ Phone/home: _____

Allergies/Concerns/Notes: _____

Cancellation/No Show/Booking Policies

We respect your valuable time and strive to maintain a timely schedule each day. In order to do this, we request that you are punctual and inform us if you are going to be late or if you are unable to make your appointment as soon as is possible. While we realize that sometimes lateness is unavoidable, we try to adhere to the schedule and will most likely have to reschedule you if you are more than ten minutes late for your appointment.

Please understand that all it takes is one late appointment in the morning and every appointment thereafter is affected negatively. We like to have ample time to devote to you for your service and we often have appointments scheduled back to back, which makes it impossible to make up for lateness. Therefore, we do not run over scheduled appointment times. If you arrive late, we will do our best to service you, but will not run over into other scheduled appointments.

Please note that **all appointments must be guaranteed with a credit or debit card which is stored securely in our booking system.** If you are unable or choose not to provide a card, you will need to prepay the full charge of your service in advance.

Your appointment time is reserved for you and only you. When appointments are cancelled with 48 business day hours or less notice, or if there is a no-call/no show, we are unable to fill this time. In order to minimize these occurrences, you are responsible for the full cost of the service booked if you cancel with 48 business day hours or less before your appointment.

In the event that you need to cancel or reschedule your appointment, please call **518-885-9145 with as much advance notice as possible and at least 48 "Business Day" hours in advance of your service (ie: If you are scheduled on Tuesday, you would need to contact us on or before Thursday, not Sunday)** to avoid any charge for your service. Our normal operating business hours are Tuesday through Friday, 11am – 7pm. An email or text message is an unacceptable method to communicate your cancellation. You must call or your request will be void. Please note that **verifiable emergencies will be handled on a per case basis**, in which case you will have a credit on file which you can use when you reschedule within a reasonable amount of time.

Clients with a history of more than one "No Show" or last minute cancellation will need to provide a 72 hour cancellation notice for all future appointments and will pay for services in advance. If your appointment was confirmed with a gift certificate, this gift certificate will be used to cover the cost of the missed appointment.

If you have any type of contagious illness, we request that you reschedule your appointment immediately. Please do not show up for your appointment if you are not well. We will not be able to provide your service and you will be fully responsible for the charge.

We strive to offer you the highest quality of care and appreciate your patronage! Thank you for understanding. I have read, understand and agree with the above policy.

Print Name and Date _____

Signature _____

Master Card/Visa _____ 3 digit CVV code on back _____

Name as it appears on card _____

Expiration Date _____ Billing Zip Code _____