

**Saratoga Lashes & Skincare Elleebana Lash Lift Consent and Waiver**

I request and consent to have the Elleebana Lash Lift performed on my eyelashes without undergoing a sensitivity patch test 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 any type of service including the Elleebana Lash Lift. I understand that as with any procedure, skin or eye irritation, eye pain, eye itching, discomfort, or swelling could occur. There is also the chance of under curling, over curling or damage to the natural lashes. I agree that if I experience any of these issues with my lashes that I will contact my professional and consult a physician at my own expense. I agree to follow the care instructions provided by my professional for the care of my lifted lashes. I understand there is no guarantee as to how long my lashes will remain curled. I understand that I must not wet, steam or put mascara on the lifted lashes for 24 hours after service is performed.

I understand that in order to have the Elleebana Lash Lift performed, I will need to keep my eyes closed for a duration of thirty to forty minutes. I also understand that I will need to be lying in a reclined position and that if I have any medical condition that might be aggravated by lying still for this 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 will remain in effect for the procedure and all future procedures conducted by Reisa Mehlman or any other professional conducting business at Saratoga Lashes and Skincare at Living Well Spa located at 18 Low Street, Ballston Spa, New York, 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 consent to Reisa Mehlman Marlowe taking photographs and displaying those photographs for advertising purposes.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Print Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Cell Phone Carrier \_\_\_\_\_ Phone/home: \_\_\_\_\_

Allergies/Concerns/Notes: \_\_\_\_\_

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## 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 \_\_\_\_\_