

LASH LIFT & TINT

consent

I, _____, hereby acknowledge that I have voluntarily chosen to undergo Lash Lift and Tint procedures with LINS LUXE LASER. I have been fully informed about the nature of the procedures, including their purposes, potential risks, and expected outcomes.

I understand that Lash Lift and Tint involve the use of products to enhance the appearance of my lashes. The procedures may be performed in one or more sessions, and the duration and results may vary.

I am aware that, as with any cosmetic procedure, there are potential risks and side effects associated with Lash Lift and Tint. These may include but are not limited to:

- Discomfort or pain: The procedures may cause discomfort or pain during and after the process.
- Infection: There is a risk of infection, especially if aftercare instructions are not followed diligently.
- Allergic reactions: In rare cases, individuals may experience an allergic reaction to products used.
- Uneven results: Over time, the lifted lashes may fade or become uneven due to various factors.

I have disclosed any pre-existing medical conditions or concerns, including allergies, previous Lash Lift, Tint, or related procedures, or medications I am currently taking. I agree to follow all pre and post-care instructions provided by LINS LUXE LASER.

I hereby give my informed consent to LINS LUXE LASER to perform the Lash Lift and Tint procedures as described. I release LINS LUXE LASER, its employees, and representatives from any claims or liability arising out of the Lash Lift and Tint procedures, except those resulting from negligence or intentional misconduct.

Client Signature

Date