

Registration & History Form

Client Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home #: _____ **Business #:** _____ **Cell #:** _____ **Fax #:** _____

Email: _____

Facebook Account: _____ **Twitter Name:** _____

How may we contact you regarding scheduled appointments or specials? Check all that apply:

☐ Text message ☐ Email ☐ Home phone ☐ Mobile phone ☐ Business phone

When do you prefer to be contacted? ☐ Morning ☐ Afternoon ☐ Evening

Birthday: _____ **Anniversary:** _____

Sex: ☐ Female ☐ Male **Age:** _____ **Occupation:** _____

Emergency contact name: _____

Emergency contact phone #: _____ **Relationship to you:** _____

How did you hear about us? _____

Name of person who referred you: _____ **Phone:** _____

Question	Y	N	Date & Frequency	Adverse Reactions? <i>Describe symptoms</i>	Stylist Notes
1. Have you received eyelash extensions before?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Have you had eyelash extensions removed?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Have you used under eye gel patches before?	<input type="checkbox"/>	<input type="checkbox"/>			
4. Have you had permanent cosmetics applied to your eye area?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Do you wear glasses?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Do you wear daily disposable, extended wear or permanent contacts?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Do you have a tendency to rub your eyes or pull on your eyelashes?	<input type="checkbox"/>	<input type="checkbox"/>			
8. Do you go tanning (in salon or outside) or get spray tans?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Are you pregnant? If yes, have you discussed having this service with your doctor?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Which trimester? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		

10. Which side do you sleep on?

- ☐ Right
- ☐ Left
- ☐ Back
- ☐ Stomach

Please note that you may experience more eyelash extension loss on the side on which you sleep.

11. Do you exercise?
- ☐ Yes (If yes, fill out the chart below.)
- ☐ No

Type of Activity	Frequency # times / week	Indoors or Outdoors?	Stylist Notes
1.			
2.			
3.			
4.			

12. Are you on a special diet?
- ☐ Yes*
- ☐ No

**Please be advised that healthy natural lashes and hair growth require a diet rich in amino acids and protein. In addition, low-carb, low-protein and quick-results diets may affect a body's chemical balance, which can lead to loss of or damage to hair/natural lashes.*

13. What brands and products are you currently using around your eyes?

Product Name & Brand	Frequency of Use (Per day / week / month)	Stylist Notes
Facial Cleanser:		
Facial Mask:		
Facial Toner:		
Facial Primer:		
Day Moisturizer:		
Night Moisturizer:		
Facial Sunscreen:		
Eye Treatment:		
Eye Primer:		
Eye Cream:		
Eye Serum:		
Eye Makeup Remover:		
Eyeliner:		
Eye Shadow:		
Mascara:		
Eyelash Fortifier/ Conditioner:		

Discontinue use of above products until 48 hours after eyelash extension application. The use of heavy oils, creams and Vaseline® that may come into contact with your Xtreme Lashes® Eyelash Extensions should be discontinued while wearing extensions.

MEDICAL HISTORY:

Questions	Y	N	Type(s)	Date & Frequency	Adverse Reactions? <i>Describe symptoms</i>	Stylist Notes
14. Do you have an allergy to any of the following? If yes, please provide additional information.						
Acrylates or cyanoacrylates? (Example: Dermabond)	<input type="checkbox"/>	<input type="checkbox"/>				
Nail adhesives?	<input type="checkbox"/>	<input type="checkbox"/>				
Tape (bandages)?	<input type="checkbox"/>	<input type="checkbox"/>				
Long-lasting or waterproof cosmetics?	<input type="checkbox"/>	<input type="checkbox"/>				
Cosmetic, skin care products, topical creams or other topical products or ingredients?	<input type="checkbox"/>	<input type="checkbox"/>				
Any allergies not including those listed above?	<input type="checkbox"/>	<input type="checkbox"/>				
15. Have you had or used any of the following in the last 4 weeks?						
Eye surgery, wounds or infections?	<input type="checkbox"/>	<input type="checkbox"/>				
Exfoliation, skin-tightening or skin-resurfacing facial treatments? (Examples: Acne treatments, chemical peels, microdermabrasion, laser)	<input type="checkbox"/>	<input type="checkbox"/>				
Retin-A, Accutane or similar product?	<input type="checkbox"/>	<input type="checkbox"/>				
History of eye disease, condition, injury or surgery that affected your hair/natural eyelash growth or loss?	<input type="checkbox"/>	<input type="checkbox"/>				

16. How would you describe your hair growth cycle as compared to others? ☐ Slow ☐ Fast ☐ Unsure

17. Please note that **medications** used to treat the following conditions may cause hair/natural eyelash loss. If you are on medications to treat any of the following, please mark them below:

- | | |
|---|--|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Allergies (when treated with non-steroidal anti-inflammatory drugs (NSAIDS)) | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Anticoagulants | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Autoimmune diseases | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Birth control* | <input type="checkbox"/> Hormone imbalance, hormone therapy* |
| <input type="checkbox"/> Convulsions/ epilepsy | <input type="checkbox"/> Inflammation (when treated with NSAIDS) |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Diet/ weight loss | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Dry eye syndrome | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Fungus | <input type="checkbox"/> Cancer |

*Although these are not medical conditions, birth control and hormone therapy may result in the thinning or loss of natural lashes.

18. List all current medications, herbal supplements and vitamins:

19. Please mark all conditions that apply:

- | | |
|--|---|
| <input type="checkbox"/> Alopecia | <input type="checkbox"/> Hormonal disorders or changes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Leamy eye or excessive tearing |
| <input type="checkbox"/> Autoimmune diseases (Crohn's disease, arthritis, lupus, ulcerative colitis, etc.) | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Back pain | <input type="checkbox"/> Ocular rosacea |
| <input type="checkbox"/> Bell's Palsy | <input type="checkbox"/> Overactive bladder |
| <input type="checkbox"/> Blepharitis | <input type="checkbox"/> Rosacea |
| <input type="checkbox"/> Bronchitis (chronic) | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Sensitive eyes |
| <input type="checkbox"/> Cold sore | <input type="checkbox"/> Sensitivity to light |
| <input type="checkbox"/> Conjunctivitis (pink eye) | <input type="checkbox"/> Sinus problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Diabetic retinopathy | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Dry eye syndrome | <input type="checkbox"/> Tendency of redness, rashes or hives |
| <input type="checkbox"/> Eye sties or sores | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Heavy eyelid | <input type="checkbox"/> Trichotillomania (hair or eyelash pulling) |
| | <input type="checkbox"/> Other: _____ |

Date	Additional Comments

Waiver & Release Form

I authorize my Xtreme Lashes® Trained Stylist, Amy Lynn Rhoden (Professional's Name), and the place of business at which he/she works, Lash Out, Inc. (Business's name), hereinafter collectively referred to as my "Xtreme Lashes Trained Professional" to perform the semi-permanent eyelash extension procedure. I understand this procedure requires individual synthetic eyelashes to be glued to my own natural lashes. I understand that it is my responsibility to remain still during the application and to keep my eyes closed during the entire process until otherwise advised. I acknowledge that my Xtreme Lashes® Trained Professional has explained to me the methods and procedures concerning the application of semi-permanent eyelash extension application and that there are certain complications and risks inherent both in the application process and in wearing semi-permanent lashes. These risks may include, but are not limited to, temporary eyelash loss as a result of improper application techniques or through improper post-application care, transient eye redness and irritation, and allergic reaction to the adhesive, under-eye gel patches and other products. I hereby consent to the procedure at my own risk. If at any time I am uncomfortable with the eyelash extension procedure, I will inform my Xtreme Lashes® Trained Professional and s/he will use good faith efforts to rectify the problem, including ending the session if I (or my Xtreme Lashes® Trained Professional) wish. If my Xtreme Lashes® Trained Professional is uncomfortable applying lashes to me, s/he will discuss his/her concerns with me and may end the session if necessary. I acknowledge that I have received no guarantees, warranties, promises, and/or commitments regarding the application process or the products used or applied therein or other statements as to the results of this service. I have revealed or disclosed on the Client Registration & History Form and the Client Consultation & Design Form all conditions and circumstances regarding my health and health history, medications being taken and any past reactions to products used or medications taken. Additional conditions could occur or be discovered during or after the procedure, which could affect my ability to tolerate the procedure.

I understand the duration of my eyelash extensions requires my careful maintenance. I understand that it takes 48 hours for the adhesive to cure (dry) thoroughly and that the following activities should be avoided, as they will interfere with this curing process, resulting in a weaker bond, premature lash extension loss, and/or irritation: showering; exposure to heat, steam, sauna, and friction; application of eye and eyelash cosmetics; sleeping on the side or stomach; receiving chemical treatments; and receiving irritating eye-area treatments. I also understand that even after the first 48 hours after application, I need to avoid excessive swimming, sauna, steam rooms, pulling on lashes, using oil-based or waterproof cosmetics, and using mechanical curlers or crimping lashes in any way. I understand that failure to follow these instructions may cause irritation, reaction, eyelash loss, and other side effects described in this form. I understand that the eyelash extension application risks and the post-application care and maintenance described herein apply equally to initial eyelash and subsequent touch-up applications.

I, THE UNDERSIGNED, HEREBY FULLY RELEASE, WAIVE, COVENANT NOT TO SUE, AGREE TO HOLD HARMLESS, AND FOREVER DISCHARGE my Xtreme Lashes® Trained Professional, Xtreme Lashes, LLC, their affiliates, agents, employees, officers, directors, independent contractors, and any and all partnerships, corporations, or companies associated with them, from any and all liabilities, demands, claims, losses, injuries, or damages, including court costs and attorneys' fees and expenses, of any nature arising out of or relating to the application of semi-permanent eyelash extension products, **EVEN THOUGH CAUSED IN WHOLE OR IN PART BY A PRE-EXISTING DEFECT, THE NEGLIGENCE (WHETHER SOLE, JOINT OR CONCURRENT), GROSS NEGLIGENCE, STRICT LIABILITY OR OTHER LEGAL FAULT OF MY XTREME LASHES® TRAINED PROFESSIONAL OR OF XTREME LASHES, LLC. IT IS MY EXPRESS INTENT THAT THE ABOVE RELEASE INCLUDES THE RELEASE OF MY XTREME LASHES® TRAINED PROFESSIONAL AND XTREME LASHES, LLC (INCLUDING THE INDIVIDUALS AND ENTITIES LISTED ABOVE) FROM THE CONSEQUENCES OF THEIR OWN NEGLIGENCE.** It is also my express intent that this Waiver and Release Form shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

I further agree that, should I choose to seek the advice of an attorney regarding said release, I will be responsible for any and all costs of legal services that I incur. I agree that this release shall be in contemplation of any possible damages, either known or unknown at the signing of this waiver and release form, and said damages are specifically waived following the signing of this waiver and release form. I further agree that in the event that any dispute that arises out of or relating to the application of semi-permanent eyelash extension

products and/or the terms of this Waiver & Release between me, or anyone acting on my behalf, my Xtreme Lashes® Trained Professional and/or anyone affiliated with my Xtreme Lashes® Trained Professional shall be resolved by binding arbitration before the American Arbitration Association. The exclusive venue for arbitration against my Xtreme Lashes® Trained Professional shall be the city and state in which the Xtreme Lashes® Trained Professional resides at the time the arbitration is initiated; provided, however, that should arbitration be initiated against Xtreme Lashes, LLC, in addition to or exclusive of my Xtreme Lashes® Trained Professional, the exclusive venue for such arbitration shall be Houston, Harris County, Texas. I agree that I will responsible for and will pay all court costs, arbitration costs, attorneys' fees and expenses, and other associated costs incurred by my Xtreme Lashes® Trained Professional or Xtreme Lashes, LLC in seeking enforcement of this Waiver & Release. I further release my Xtreme Lashes® Trained Professional from any responsibility for pre-existing conditions I have not revealed, or any consequential change to those conditions that arises subsequent to the procedure. I understand that I am responsible for any medical treatment I may need to receive as a result of getting this procedure. I accept full responsibility for these and any other complications, which may arise or result during or following the eyelash extension procedure(s), which are to be performed at my request.

Please read the following statements and sign and date on the line to indicate that you have read, understand, and accept the following statements:

☐ I, the undersigned client, certify that I have read and had explained to me and fully understand the above waiver and release form and am signing it voluntarily as my own free act and deed. I certify that I have consulted with an Xtreme Lashes® Trained Professional and have read all applicable literature given to me. I have completed the Client Registration & History Form and the Client Consultation & Design Form to the best of my knowledge. I accept the explanation of potential complications and risks described herein. I certify I am of sound mind and I am fully capable of executing this waiver and release form for myself. No oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made.

☐ I, the undersigned client, acknowledge and fully understand that there might be other unknown risks not reasonably foreseeable at this time.

☐ I, the undersigned client, for the purposes of documentation, hereby consent to "before and after" photographs.

☐ I, the undersigned client, hereby give Xtreme Lashes, LLC and its affiliates, the absolute right and unrestricted permission to take, use, and display photographic images of me, through any form of media (print, digital, electronic, broadcast, or otherwise) at any location for art, advertising, media release news articles, marketing, publicity, archival, or any other lawful purpose. I waive any right to royalties or other compensation arising from or related to the use of photographic images of me. I release and agree to hold harmless Xtreme Lashes, LLC and its affiliates from any liability in connection to taking or using said images. (Optional)

Date: _____

Client Full Name: _____ Client Signature: _____

For Minors: Parent/Guardian Name: _____ Signature: _____

Address/City/State/Zip Code: _____

Email: _____

Home Phone Number: _____ Cell Phone Number: _____

I, _____ acknowledge that I have read and agree to the provisions, terms, and conditions provided in the Xtreme Lashes, LLC Waiver and Release Form. I agree to assume all risks of injury associated with eyelash extension application, and agree to hold harmless the Xtreme Lashes Trained Professional and/or anyone affiliated with said professional including, but not limited to, Xtreme Lashes, LLC.

Signature _____ Date _____