

REBEL LASH STUDIOS CLIENT INTAKE FORM

EYELASH EXTENSIONS

GENERAL CLIENT INFORMATION

Name: _____ DOB ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

How did you hear about us? _____

EYELASH EXTENSION HISTORY

Is this the first time you have had lash extensions applied? Yes No

If no, were they applied by a professional previously? Yes No

(If Yes) Where were they applied previously? _____

Do you use any of the following products on your eyelashes?

Mascara Yes No

Lash Serum Yes No

Do you do any of the following to your lashes?

Curl Yes No

Perm Yes No

Tint Yes No

Other: _____ Yes No

Do you wear glasses? Yes No

Do you wear contact lenses? Yes No

Do you have frequent eye irritation itching, or watery eyes? Yes No

Are you or could you be pregnant? Yes No

Do you have, or are you being treated for any kind of eye injury? Yes No

If yes, please explain: _____

_____ I understand and consent to have my eyes closed and covered for the duration of an approximately 60-180 minute procedure. I understand that times may vary depending on the type and number of eyelashes applied.

_____ I am informing the certified eyelash extension professional of the following conditions that apply to me (check all that apply):

- I currently use contact lenses (which I may be asked to remove during the procedure)
- I currently use products such as oil-containing sunscreen or moisturizers around my eyes
- I currently use eye drops
- I have allergies or sensitivities I have a history of recurrent eye or tear duct infections
- I have a history of dry eyes or Sjogren's Syndrome
- I have a recent history of Chemotherapy
- I have other medical conditions which would prohibit or compromise placement and retention of eyelash extensions

_____ I agree to the following eyelash extension follow-up and maintenance instructions:

- No waterproof mascara
- No oil-based products around the eye area
- No water can come in contact with the eye area for 24 hours after the application
- No tinting or perming of eyelash extensions
- No pulling or rubbing of the eyelash extensions
- Should any kind of eye drops be necessary extra care should be taken to prevent moisture from coming into contact with the eyelash extensions

This agreement will remain in effect for this procedure and all future follow-ups conducted by the certified eyelash extension professional. I understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I am over 18 years of age and consent to the agreement and to the eyelash extension application procedure.

Name Printed

Signature

Date

Technician Name

Signature

Date

CLIENT MEDICAL AND HEALTH HISTORY

Are you allergic to any of the following?

Acrylic Yes No **Latex** Yes No **Other** Yes No

Please list other allergies: _____

Are you currently taking any medications or supplements? Yes No

If yes, please list them to the best of your ability:

Do you have any of the following conditions? (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Alopecia | <input type="checkbox"/> Cancer | <input type="checkbox"/> Cataract |
| <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sensitive or Dry Eyes |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Psoriasis Around the Eyes |
| <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Recent Eye Infection | <input type="checkbox"/> Narcolepsy or HyperSomnia |
| <input type="checkbox"/> Rosacea | <input type="checkbox"/> Achne | <input type="checkbox"/> Sleep Apnea |

Please note that all information filled out in this form and shared with your Lash Artist is kept under the strictest of confidence and held as proprietary information for the client to ensure we provide the services which best suit your specific needs. No information in this form or others will be shared, sold, disseminated or otherwise. All health and history information is held under the strictest guidelines of the HIPAA federal health information guidelines and information is house securely behind encrypted servers and ONLY accessed when necessary.

By signing below, I agree to the following:

I have completed this form to the best of my ability and knowledge. I agree to inform the technician of any changes in the above information. I agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liability toward my technician and the salon for any injury or damages incurred due to any misrepresentation of my health.

Please initial you understand and consent to the above statements. _____

Name Printed

Signature

Date

REBEL LASH STUDIOS CLIENT WAIVER CONSENT FORM

I _____ agree to have eyelash extensions applied to my natural eyelashes and/or removed and retouched. By signing this agreement, I consent to the placement and/or removal of the eyelash extensions by the certified eyelash extension professional.

Although every precaution will be taken to ensure my safety and wellbeing before, during and after my lash extension application, I am aware of the following information and possible risks. Please initial each statement (Failure to initial any item will result in a denial of services):

- _____ I understand that a full set of lash extensions can make the appearance of my own lashes about 30-50% thicker, and make my lashes appear 20-50% longer.
- _____ I understand that lash extension services have some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging and burning, blurry vision and potential blindness should the adhesive enter the eye or should an allergic reaction occur.
- _____ I understand that some irritation, itching, or burning may occur on the skin if the bonding agent comes into contact with it.
- _____ I understand that if the bonding agent comes into contact with my eye, my eye will be flushed with water and I will be assisted in seeking medical attention immediately.
- _____ I understand that this is a semi-permanent procedure, as my natural lashes will continue to grow and fall out normally, making touch-up or "fill" appointments necessary to maintain the original look achieved by replacing the lashes that have fallen out.
- _____ I understand that while every attempt will be made to provide me with the length and fullness I have chosen, my final result may not be what I initially envisioned.
- _____ I understand that it is imperative that I disclose all of the information requested on the Client Intake Form.
- _____ I have cited all conditions and circumstances regarding my health history, medications being taken, and any past reactions to products or medications.
- _____ I understand that additional conditions could occur or be discovered during the procedure which could affect my ability to tolerate the procedure.
- _____ I consent to "before and after" photographs for the purpose of documentation, potential advertising, and promotional purposes.
- _____ I agree that if I experience any ill effects with my lashes that I will contact the certified eyelash extension professional that performed this procedure.
- _____ I understand that if I experience ill effects it may be beneficial to have the eyelashes removed.
- _____ I understand and agree to the after-care instructions provided by the certified eyelash extension professional for the use and care of my eyelash extensions. I realize and accept the consequences of failure to adhere to these instructions and I understand that it may cause the eyelash extensions to fall out and/or decrease the time the lashes will last.
- _____ I agree that I will waive any and all claims of liability toward Rebel Lash Studios and its employees due to failure to comply to any of these consents/disclosures

REBEL LASH STUDIOS

PHOTOGRAPH AND VIDEO RELEASE FORM

EYELASH EXTENSIONS

PLEASE CHECK THE RELEVANT BOXE(S)

I understand that **Rebel Lash Studios, LLC** and their respective team members will take potentially take video, picture and sound media before, during and after the services I have scheduled have been rendered.

- I give permission for my photograph(s)/video and other media to be used within the salon for display/educational purposes
- I give permission for my photograph(s)/video and other media to be used within other printed publications
- I give permission for my photograph(s)/video and other media to be used within the salon's social media page and/or website
- I do not want my photograph/video/or media taken

I hereby grant permission to the rights of my image/video and media with out expectation of payment or any other forms of consideration or notoriaty/recognition. I understand that all media collected by Rebel Lash Studios is the sole property and intellectual property of the business and any rights or prvilidges are revoked from said client in perpetuity. I understand that the aforementioned media types may be edited, copied, exhibited, used for promotion and/or published and I waive the right to inspect or approve any product they are used with in. I waive any right to royalties or monetary gain and any other forms of compensation or benefit there within which may arise from the related use of my image or recording of any kind. I also understand that this material may be used in a diverse educational setting within an unrestricted geographic area and that Rebel Lash Studios will always strive and pursue the use of the media in a positive and constructive light.

*If said client revokes any permissions from the statement of choice above. All rights and pursuance of media from client will cease and Rebel will respect our clients wishes toward privacy.

By signing this form I understand & consent to the policy and agree to abide by the above conditions.

Name Printed

Signature

Date

REBEL LASH STUDIOS POLICIES AND FEES

APPOINTMENT ARRIVAL

Initial

Please aim to arrive 5-10 minutes before your scheduled appointment time with **clean/makeup free eyes and lashes**. Extra time spent cleaning your lashes will mean less time lashing. If your lashes require an in-depth lash bath, an additional charge of \$20.00 will be added to your bill. If you arrive after your scheduled appointment time, it may not be possible to extend the time available for your booked service; if your service is shortened due to your late arrival, you will still be charged the full cost of the service.

LATE APPOINTMENT ARRIVAL

Initial

We completely understand being late is sometimes out of our control, but please keep in mind showing up late will affect the time of your service. Our client's time is valuable and so is ours, we will always strive to accommodate late arrivals by performing the most complete treatment possible in the time remaining. Unfortunately arriving too late (20min or greater) to perform a service will result in cancellation/no show and the associated cancellation fee/no show fee will be charged and any deposits will be held with out refund.

We recognize the time of our clients and lash artist is valuable and have implemented this policy for this reason. When you miss an appointment with us, we not only lose your business but also the business of other potential clients who could have scheduled a reservation for the same time.

PRE APPOINTMENT PREP

Initial

As mentioned, it is the requirement of each of our clients to arrive to their appointments free and clean of any eye makeup and clean lashes. A complimentary lash bath is provided before each of your appointments but this should not take place of you ensuring your lashes are clean prior to your appointment. Extra time cleaning your lashes will be deducted from the time we need for your lash appointment. If your lashes require an in-depth lash bath, and additional charge of \$20 will be added to your bill. No exceptions.

CHANGING YOUR APPOINTMENT

Initial

A minimum of 24Hours notice is required to reschedule/cancel a book reservation with your lash artist with out penalty and an active/good standing credit card must be kept on file with Rebel Lash Studios to be able to schedule appointment reservations. Please note all credit cards kept on file are held securely and we can never see or access the information of the cards kept on file.

APPROPRIATE RESCHEDULING

Scheduling or Rescheduling the appropriate appointment for our clients is VITAL to ensure we are able to provide the correct services you require for the application or maintenance of your lashes. Please ensure you are scheduling the appropriate appointment type. Scheduling the incorrect appointment type will constitute additional charges for the client and the required time to achieve the correct appointment length can not be guaranteed at that point if the appointment is not corrected. At the discretion of the lash artist, a ONE TIME exception may be made to accommodate the client. Moving forward if the client need to reschedule due to an incorrect appointment type being scheduled, they will be responsible and charged for the full cost of the incorrect appointment upon rescheduling their new appointment.

Initial

*For example: If a client schedules a 2Week Refill and has not been seen in 3 or more weeks and arrives to their appointment, their appointment will be changed to a 3 week refill or a full set cost but the time scheduled will remain the same as the originally scheduled 2week refill. If the client chooses to reschedule at that point, the full cost of the correct appointment type will be charged as a late cancellation and the client can reschedule the correct appointment required to get them back to their lash style at the first available appointment. Appointments are first come, first serve and are not guaranteed which means you may be scheduled several more weeks out and then be charged for a full new set.

CANCELLATIONS and NO SHOWS

Your appointment is very important to us! We strive to make every concession possible to work with our clients because you are the heart and soul of Rebel Lash Studios. We understand sometimes schedule adjustments are necessary. Therefore, we respectfully require at least 24hours notice prior to your scheduled appointment reservation time for cancellations or rescheduling of appointment to occur so we can appropriately manage taking care of rescheduling or canceling the appointment with in a respectable time frame.

You may cancel or reschedule your appointment through rebel.glossgenius.com or call the studio at (404) 343-2591. If it is outside normal business hours you may email us at bookings@rebellashstudios.com.

Initial

Please note: ANY APPOINTMENT CANCELLED OR RESCHEDULED OR CHANGED WITH OUT 24 HOURS NOTICE WILL RESULT IN YOUR DEPOSIT BEING HELD WITH OUT REFUND (IF YOU HAVE PLACED A DEPOSIT FOR SERVICES) AND THE REMAINING AMOUNT OF THE SERVICES CHARGED AS WELL. IF YOU HAVE NOT PLACED A DEPOSIT, THE FULL AMOUNT OF YOUR APPOINTMENT WILL BE CHARGED TO THE CARD ON FILE. ALL NO SHOWS WILL BE CHARGED 100% OF THE RESERVED SERVICE. IF YOU NO SHOW OR LATE CANCEL A DEPOSIT OF 50% OF YOUR RESERVED SERVICE IS REQUIRED TO REBOOK YOUR NEXT APPOINTMENT. IF YOU NO SHOW OR CANCEL AND YOUR CARD IS UNABLE TO BE CHARGED, YOU ARE RESPONSIBLE FOR YOUR PAST RESERVATION CHARGE AND YOUR RESCHEDULED RESERVATION APPOINTMENT MUST BE PAID IN FULL BEFORE YOUR RESERVATION IS APPROVED. NO EXCEPTIONS

SICKNESS and FAMILY EMERGENCY

Initial

If you, or another person in your household, has an infectious or contagious illness, please contact us as soon as possible to reschedule your appointment for a later date! For your safety and that of the staff at Rebel Lash Studios and our other clients, please do not come to your appointment sick. If it is assumed you are currently sick, your appointment may be cut short or canceled and rescheduled for when you are healthy again. A ONE TIME allowance of last minute cancelation or reschedule will be permitted for sickness or family emergency. After this allowance, the cancellation and no show policy is in effect regardless of the situation.

OTHER ARTISTS WORK (FOREIGN FILLS)

Initial

If you currently have eyelash extensions from another lash artist, there may be the possibility that your current extensions will need to be removed and put back on properly. Due to the unregulated nature of eyelash extension trainings, certifications and state board regulations, there are a lot of lash artists that have been improperly trained and at Rebel Lash Studios, our priority is health and safety of your natural lashes. Thus if you are coming in from another lash artist and salon outside of Rebel Lash Studios, then you consent to the Foreign Fill Appointment Reservation and understanding your lashes may need to be removed if so deemed by your lash artist and a whole new set applied at a full set price. If you scheduled a standard refill and you are a foreign fill, we are happy to oblige you as a new client though your appointment will be changed to a foreign fill accordingly.

REFUNDS and CUSTOMER SATISFACTION

Initial

Due to the nature of our services and craft, there are absolutely no refunds on any product or service. No exceptions. Please contact us with in 72 hours of your service with any issues and/or concerns you have regarding the service. We feel every client deserves the highest level of customer service and satisfaction possible. Should you not be satisfied please let us know immediately and we will discuss a solution and if a fix can be done to address your concern it will be done so with a complimentary 30min express touch up by the artist who performed your service if it is identified to be at the fault of the product or application. Any concerned addressed after 72 hours of your last appointment, or if you failed to follow the proper aftercare instructions, will be charged the full price of the additional service to repair your lashes.

AFTER HOURS LASH APPOINTMENTS

Initial

Certain circumstances and seasons may leave you in a panic to squeeze in a last minute lash appointment that is outside of our normal business hours. After hours appointments may be available on a case by case basis for an additional \$75 fee on top of the full cost for your service and a set 20% gratuity will be applied to your bill (Unless you tip at a higher percentage). Please contact us directly to schedule your after hours appointment at(404) 343-2591.

CLIENT PROPERTY/ACCOMMODATIONS

Please secure your personal possessions and property to ensure their safety. Rebel Lash Studios is not responsible for any Lost or Stolen items you have on or with your person while you are at our Studio. Please also ensure your own safety and wellbeing. Rebel Lash Studios will also not claim or indicate liable for any injury while the client is on Studio Property during their appointment. If you require any special accommodation, please do not hesitate to let us know and we will do our absolute best to accommodate your special needs as best we can. If we can not accommodate your special needs we will gladly refer you to a studio which may be able to help you. We want you to have the best possible experience wether with Rebel Lash Studios or a Studio we refer you to if that is required.

Initial

SEVERABILITY CLAUSE

In the event that a court of competent jurisdiction finds any term or clause in this Agreement to be invalid, unenforceable, or illegal, the same will not have an impact on other terms or clauses in the Agreement or the entire Agreement. However, such a term or clause may be revised to the extent required according to the opinion of the court to render the Agreement enforceable or valid, and the rights and responsibilities of the parties shall be interpreted and enforced accordingly, so as to preserve their agreement and intent to the fullest possible extent.

Initial

ARBITRATION CLAUSE

We agree that the arbitration of any claim or dispute between us shall be administered by FORUM under the Code of Procedure for Resolving Business-to-Business Disputes in effect when the claim is filed. Any award by the arbitrator(s) may be entered as a judgment in any court having jurisdiction.

Initial

The hearing location shall be the state where the Respondent resides at the time of service. The arbitration shall be conducted by a single Arbitrator. The Arbitrator shall be selected according to the procedures defined by the applicable arbitration rules. The Chair of the arbitration will be selected by mutual agreement of the Parties, however, ,if the Parties cannot agree the selection will be made by FORUM.

The single Arbitrator will be demonstrably knowledgeable in the subject area of [Eyelash Extensions] The Arbitrator(s) shall apply the substantive law of [Health and Beauty Salons]. The Arbitration will be conducted under the FORUM Code of Procedure for Resolving Business-to-Business Disputes.

Prevailing Parties are entitled to recover the costs of the Arbitration including FORUM administrative cost,, Arbitrator compensation and expenses and Attorney's Fees in whatever percentage of the original claim each Party, is determined by the Arbitrator(s) to have prevailed. Any Hearing held will be in-person, by telephone, or by videoconference as determined by agreement of the parties or,, in absence of agreement, by the Arbitrator(s).

ARBITRATION CLAUSE CON'T

Discovery will be limited to a timely exchange of documents. The Award shall be a reasoned Award stating the reasoning of the Arbitrator(s). The Parties will attempt to resolve any dispute or controversy prior to proceeding to arbitration for a period, of [30 Days]. The Arbitration will be conducted in English The Arbitrator(s) are limited to awarding an amount submitted prior to the commencement of the hearings contained in a sealed envelope by each of the Parties.

Initial

A Party may file an appeal in arbitration of any final arbitration award before a single arbitrator within 30 days of the date the award is issued. The Party filing such an appeal in arbitration is responsible for paying all filing and arbitrator fees associated with the appellate arbitration proceedings.

The Parties agree to keep confidential the proceedings, participants, documents and evidence and Award of, the arbitration, except as necessary to conduct the arbitration or in connection with any court application ,related to the arbitration or as otherwise required by law.

By signing this form I have read and understood the policy and agree to abide by the above conditions.

Name Printed

Signature

Date