

# INDEMNITY

Please check with your legal adviser what indemnity is required for you as this form is only a guide and Ex-Import Niche Products does not guarantee the legal performance of this form for your specific needs.

## INDEMNITY FORM / CLIENT CONFIDENTIALLY FORM

### PERSONAL DETAILS:

Client Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### PREVIOUS DISCOMFORT, STINGING AND ADVERSE REACTIONS PLEASE TICK:

- |  |  |  |
|--|--|--|
| <input type="radio"/> Skin Disorders               | <input type="radio"/> Inflammation of the skin                   | <input type="radio"/> Eye Disease          |
| <input type="radio"/> Eye infections               | <input type="radio"/> Recent eye surgery                         | <input type="radio"/> Blepharitis          |
| <input type="radio"/> Watery eyes                  | <input type="radio"/> Hay Fever                                  | <input type="radio"/> Allergies            |
| <input type="radio"/> Bell's Palsy                 | <input type="radio"/> Previous reactions to eye treatments       | <input type="radio"/> Contact Lenses       |
| <input type="radio"/> Allergies to Latex/band aids | <input type="radio"/> Allergies to glue/bonding agents/adhesives | <input type="radio"/> Allergies to acetone |
| <input type="radio"/> Are you pregnant/lactating?  | <input type="radio"/> Are you on the contraceptive pill?         | <input type="radio"/> Are you taking HRT?  |

Any medications: \_\_\_\_\_

Other relevant information: \_\_\_\_\_

Have you had Lash tinting, Lash Lifting, Eyelash extension or semi-permanent mascara applied previously?

Yes /  No - Information: \_\_\_\_\_

Have you experienced a reaction to any of the above-mentioned treatments?

Yes /  No - Information: \_\_\_\_\_

**AGREEMENT:** I request and consent to these procedures being carried out today without undergoing a sensitivity patch test. The sensitivity test, which if conducted may indicate my sensitivity / allergy to the products. I understand the contents of this form and take full responsibility for my actions, thus absolving all other parties of their responsibilities, if any, associated with the supply of the products and services(s).

**SIGNATURE:** \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Beauty Professionals Notes: \_\_\_\_\_

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INDEMNITY FORM / CLIENT CONFIDENTIALLY FORM (CONTINUED)

TREATMENTS BEING PERFORMED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RECORD THIS INFORMATION WITH THE CLIENT SITTING UP AND FACING YOU:

CLIENTS EYE SHAPE:

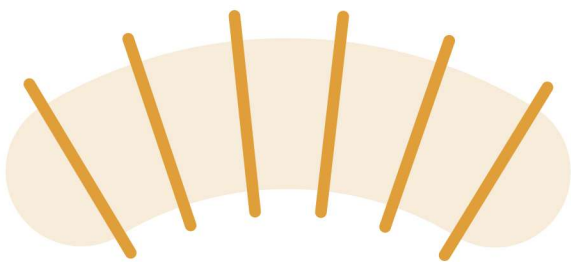
- Close Set Eyes     Wide set eyes     Proportioned     Downward Facing Eyes
- Round eyes     Deep set eyes     Hooded eye     Almond eyes/asian eyes
- J Curl     B Curl     C Curl     CC Curl
- D Curl     L Lash     Other \_\_\_\_\_

LASH STYLE NOTES:

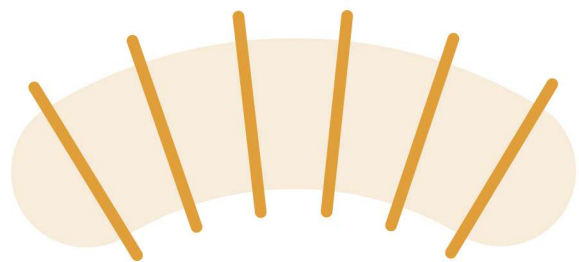
- Half Set     Full Set     Flat Lashes
- Cat Eye     Dolly effect     Natural sweep     Variation style: \_\_\_\_\_

- 0.05mm     0.07mm     0.10mm     0.12mm     0.15mm     0.20mm

(Lash dimension is selected by measuring the natural lash thickness)



LEFT EYE



RIGHT EYE