

## Indemnity Form

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

Client Name: \_\_\_\_\_

Please Circle: Male / Female

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

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

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

Previous discomfort, stinging and adverse reactions please tick:

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

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

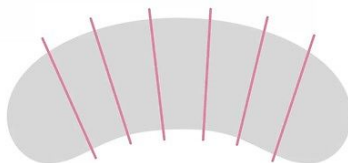
Treatments being performed:

#### CLIENTS EYE SHAPE:

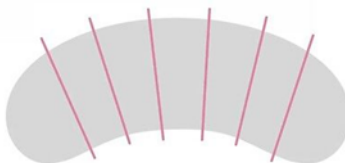
- CLOSE SET EYES   
  WIDE SET EYES   
  PROPORTIONED   
  DOWNWARD FACING EYES  
 ROUND EYES   
  DEEP SET EYES   
  HOODED EYE   
  ALMOND EYES/ASIAN EYES

#### LASH STYLE NOTES:

- CLASSIC HALF SET   
  CLASSIC FULL SET   
  FLAT LASHES  
 CAT EYE   
  DOLLY EFFECT   
  NATURAL SWEEP  
 0.07MM   
  0.10MM   
  0.12MM   
  0.15MM   
  0.20MM   
  0.25MM  
 J CURL   
  C CURL   
  B CURL   
  D CURL   
  L CURL   
  U CURL  
 Y LASH   
  W LASH



LEFT EYE



RIGHT EYE