



## Registration Form

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

List professional licenses: \_\_\_\_\_ Course Date: \_\_\_\_\_

### Select Course(s)

- Essential Beginners Course (2-day class), price is \$1100.00
- Advance Volume Course (1-day class), price is \$900.00
- Expert Skills Course (1-day class), \$700.00
- Entrepreneur Course (2-day class), \$800.00

I consent & agree to receive Eyelash Extension Education & Hands on Training with ALLURING LASH ACADEMY. I agree to pay in full the amount for each course registering for. The cost of each course will be charged a state general excise tax of 4.712%. A 50% deposit of the course cost will be required to reserve your seat in our limited class size of a maximum of 3 students. The balance of the course cost will be due at the beginning of each course. Additional fee of \$50.00 if a model is needed. Payments accepted are cash, check, credit card (a processing fee of 2.7% will be charged for credit card payments).

I consent to photos being taken during class time and used by Alluring Lash Academy.

I acknowledge and understand that the State of Hawaii requires that I must be a licensed Cosmetologist, Esthetician or Barber to perform these services on Clients that are paying for services.

I acknowledge and understand that I must obey all State and Board of Barbering & Cosmetology Laws before opening up a shop or business and charging Clients for services.

I acknowledge and understand that it is my responsibility to obtain general liability insurance, if performing any services under the Beauty Culture.

I acknowledge and agree to safe and ethical applications, techniques and practices. This includes but not limited to having clients sign consent forms, doing a thorough consultation of the Lash Growth Cycle, the application process, explaining possible complications, aftercare responsibilities, etc.

NOTE: We highly advise practicing and completing these services/procedures on several different individuals before doing these services/procedures on paying Clients. Practice is imperative to proficiently and confidently performing these services/procedures. Should you need further training and help please feel free to contact ALLURING LASH ACADEMY.

I acknowledge and understand the health and safety of our clients in regard to Eyelash Extension processes, maintenances and aftercare instructions.

I agree not to disclose any training techniques, instructional material to another individual or entity, or attempt to train another individual on the Eyelash Extension process and procedures nor will I do anything to jeopardize the safety or reputation of ALLURING LASH ACADEMY OR ALLURING LLC. Video and voice recordings are prohibited, ONLY photos will be allowed during instruction time.

I agree to show consideration and respect to the staff at Alluring Lash Academy along with the other students and models.

I release ALLURING LASH ACADEMY and its instructors from all liability regarding any of these courses.

I authorize, ALLURING LASH ACADEMY and their students, to perform Eyelash Extension procedures on me during my training course(s). I understand this procedure requires individual synthetic eyelashes to be adhered to my own natural lashes. I understand that it is my responsibility to inform my instructor of any medical conditions or concerns before the start of the procedure. I understand that it is my responsibility to remain still with my eyes closed during the entire process until advised to open my eyes. I have been thoroughly informed of the methods and procedures regarding education and safety of the application. The known risks of the beauty procedure have been explained and disclosed to me. Some people may experience eye redness, irritation or allergic reactions to the adhesive, eye gel patches or any other products used. If at any time I am uncomfortable it is my responsibility to inform the Lash Artist/student, and will remedy the concern which may include ending the session/procedure if necessary. I am aware that by consenting to this procedure, I release ALLURING LASH ACADEMY AND ALLURING LLC from any and all liabilities. ALLURING LASH ACADEMY and ALLURING LLC makes no guarantees, warranties, promises, commitments or other statements as to the results of this service. I understand additional conditions/issues may occur after the procedure.

I have read and fully understand the above statements and agree to them.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for choosing ALLURING LASH ACADEMY for your Eyelash Extension Training.