



## Cancellation Procedure

Your appointments are very important to us. It is our highest priority to allow each client the allotted time they have reserved when making their appointments and to give each client priority to get an appointment scheduled. Our schedule stays consistently busy and we ask that each client be understanding that these time slots are very valuable. It is because of this that we are creating a cancellation policy.

### CONFIRMATION CALLS

As a courtesy, we will call and confirm your service appointments, as well as email, and/or text prior to your appointment date. However, if we are unable to reach you, and can only leave a message, please understand that it is your responsibility to remember your appointment dates and times to avoid late arrivals, missed appointments, and the cancellation fee. Initials\_\_\_\_\_

### CANCELLATION POLICY as follows:

A deposit of \$50 will be taken to make appointments if you:

- Are making a Brow Embroidery appointment (initial and touch-ups)
- Are a new client making a lash extension appointment

A deposit of \$25 will be taken to make appointments if you:

- Late cancel more than two times for any other service we offer
- "NO SHOW" an appointment

Initials\_\_\_\_\_

Your deposit will be forfeited if you:

- Give less than 48 hours cancellation notice for appointments made with Primp Spa LLC
- Arrive more than 10 minutes late to an appointment (which will/may require the appointment to be rescheduled) Initials\_\_\_\_\_

I have read and understand that by making an appointment with Primp Spa LLC, and signing below I am agreeing to this cancellation policy and it's terms.

Signed:\_\_\_\_\_



Name\_\_\_\_\_

--

Address\_\_\_\_\_

-

Phone\_\_\_\_\_Email\_\_\_\_\_

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DOB\_\_\_\_\_ Referred

By\_\_\_\_\_

Do you have any known allergies or sensitivities to cosmetics, solvents, adhesives, or tapes?

Yes\_\_\_\_\_No\_\_\_\_\_ If yes please describe:

\_\_\_\_\_

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes please describe:

\_\_\_\_\_

Are you currently or in the past 6 weeks using Retin-A, Renova or Accutane (an oral form of Retin-A)? If yes please circle which one. Yes\_\_\_\_\_ No\_\_\_\_\_

Are you currently using any type of medication, antibiotics, or have any conditions that may interfere with the service being offered? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes please advise:

\_\_\_\_\_

Please note that there may be side effects to the services being offered (face & body waxing, lash & brow tinting, lash perm, sunless tanning, and lash extensions).

I have read the above information and if I have any concerns, I will advise my aesthetician at the time of service. I give permission to the technicians at Primp Spa LLC to perform the procedure we have discussed.

I certify that I have read, and fully understand the above questions: I understand the procedure and accept the risks.

Client

Signature:\_\_\_\_\_



## Lash Consent

1. I agree to use only recommended products on my eyelash extensions.
2. I understand that there are many variables including: natural lash growth cycle, use of cosmetics and skin care products, and the overall maintenance given that will influence how long my lash extensions remain in place.
3. I acknowledge that I should not pull on my lashes after they have been applied.
4. I understand that there is a potential possibility of eye damage and harm to my vision when having lash extensions applied.
5. I understand that there is a potential risk of allergic reaction- as with all cosmetics. It is my responsibility to inform my extensionist of any known allergies and/or sensitivities to paper tape, adhesives, or glues.
6. I have been advised that using mascara on a regular basis will shorten the length of time my extensions remain in place.
7. The use of oil based and waterproof products will dissolve the adhesive and should not be used on or around the eye.
8. I understand that touch-up appointments are necessary as soon as two to three weeks after the application and there will be additional fees for this procedure.

I have read the above information and agree to the terms.

I, \_\_\_\_\_, authorize Primp Spa LLC to apply eyelash extensions to my natural lashes.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_