

DISCLOSURE AND RELEASE FORM

I UNDERSTAND THE FOLLOWING COMPLETELY (PLEASE INITIAL EACH STATEMENT)

_____ Microblading can last 12-36 months depending on how my skin reacts to the procedure. There may be fading and/or discoloration. The result may not be what I expected to receive. I understand this is a semi-permanent makeup procedure that may take numerous follow-ups and touch ups to get a desired result.

_____ There is no warranty or guarantee made to me as a result of this procedure and the final result cannot be guaranteed. There are no refunds for this procedure as results will vary and individual results are not guaranteed.

_____ I have seen and agree with the pre-drawn shape that my artist created. I understand that this is a guideline for the shape and size of my brow design and it may vary slightly once the procedure is done.

_____ There may be risks and hazards related to performing this procedure.

_____ There may be discomfort and pain during this procedure.

_____ There is a possibility of bleeding, swelling, redness and allergic reactions to pigments.

_____ Microblading is considered semi-permanent and can/will fade over time.

_____ Microblading, though semi-permanent, may last permanently and may not fade.

_____ Surgical procedures may be required to remove pigment from skin. These procedures may cause scarring and permanent damage to the skin.

_____ Final results cannot be determined until brows are completely healed at 4-6 weeks.

_____ I understand that permanent and semi-permanent makeup procedures cannot be guaranteed and results cannot be predicted as there are many variables that contribute to the final result, such as aftercare, skin type, lifestyle, etc.

_____ I have received post care instructions and will follow them to ensure results of my procedure are satisfactory.

_____ I am NOT pregnant.

_____ I am NOT under the influence of drugs and/or alcohol or any other mind altering substance.

_____ I fully understand the procedure and give permission to my technician to perform the service of microblading and all procedure and steps involved.

_____ I have truthfully filled out the consent form and have informed my technician of all medications I have taken.

_____ I release _____ of all claims and injury, seen or unseen that may occur as a result of this procedure.

Client Name _____

Client Signature _____

Date _____

Cosmetic Professional _____