



BROW LAMINATION & BROW TINTING CONSENT FORM

I, _____, agree to having the service of Brow Lamination and Eyebrow Tinting performed on me by a licensed professional of The Med Spa @ ACWH.

I fully understand and accept the procedure and risks associated with brow lamination and/ or tint where my eyebrow hairs will be semi-permanently restructured and styled and or tinted. I further hereby save harmless and indemnify The Med Spa @ ACWH for any damages whatsoever resulting from me not complying with the request The Med Spa @ ACWH has stated herein.

If at any time I am uncomfortable with the brow lamination and/or tint procedure, I will inform the stylist/artist and the stylist/artist will gladly rectify the problem, including ending the session if I (or the stylist) wish. It has been represented to me that no guarantees, warranties, promises, commitments, or other statement as to the results of this service have been made, and I am consenting to the procedure at my own risk.

I confirm I do not have any of the following skin conditions. If I have any of the following skin conditions, I understand I will not be suitable for the brow lamination and/or tint procedure.

- Psoriasis
- Sunburn
- Infection
- Eczema
- Ultra-Sensitive Skin
- Pimple in the treatment area
- Alopecia
- Wounds or Scar Tissue in the treatment area

I confirm, I have not had any semi-permanent make-up procedure on my Brows for at least 8 weeks.

I confirm, I have not had any skin treatments on my face for at least 4 weeks and have not been on any medication that can affect the skin (such as Accutane) for at least 6 months.

I confirm, I am not pregnant or are breastfeeding.

I understand and accept that some mild but normal symptoms may occur depending on the sensitivity of my skin during the procedure and will subside within 24 hours. These symptoms include:

- (a) Mild tingling
- (b) Slight redness due to brushing brow hairs back and forth
- (c) Slightly warm in the area

I acknowledge that I have been advised by The Med Spa @ ACWH of the following potential health/medical risks associated with receiving brow lamination and/or tint and still wish to proceed with the procedures mentioned herein:

(a) Allergic reaction symptoms: itching, severe burning, skin flaking or peeling, inflammation, blisters

I understand individual responses to product used for brow lamination and tint may vary - should a reaction occur; it is my responsibility to seek medical attention at my own expense.

I will advise the brow stylist/artist of any discomfort, irritation, and/or discomfort immediately.

I understand it is my responsibility to follow the aftercare instructions for best results

I understand in order to maintain the effects of brow lamination and/or tint, the procedure needs to be re-done every 4-8 weeks for maintenance.

I understand that brows may be come unruly if touch ups are not done.

I understand brow lamination will make styling the brows easier but will not eliminate the need for styling. Brushing and/or use of a styling gel may still be required.

I hereby consent to The Med Spa @ ACWH performing the procedure(s) of:

Eyebrow Lamination

Eyebrow Tint

I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be waiving certain legal rights by signing it (including the rights of the minor, my spouse, children, parents, guardians, heirs, and next of kin, and any legal personal representatives, executors, administrators, successors, and assigns), acknowledge that I have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement.

Print Name : _____

Date: _____

Signature: _____

Witness: _____