**CONSENT AGREEMENT FOR MICROBLADING PROCEDURE**

Between: Delish Beauty- Heidi Lish

And: Client's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

1. **TERMS**:

Clients shall be informed in detail about the eyebrow drawing treatment using the microblading technique. The treatment shall be performed in strict compliance with all hygiene and health protection measures.

2. **HEALTH CONDITION QUESTIONNAIRE**

In order to perform the eyebrow drawing treatment in a safe manner, please answer the following health questions truthfully.

1. Do you suffer from any of the following?

 - Hemophilia Diabetes mellitus (diabetes) YES\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

 - Hepatitis A, B, C, D, E, F HIV YES\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

 - Skin diseases, Eczema, Allergies YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_

 - Autoimmune diseases YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_

 2. Do you have?

 - Herpes (cold sores) YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_

 - Infectious Diseases / High Fever YES\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

 - Epilepsy YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_

 - Cardiovascular Problems YES\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

 - Slow Healing Wounds YES\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

 - A Pacemaker? YES\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

 - Keloid Scars YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_

3. Are you?

 - taking medication for blood thinning

 (Anticoagulants) YES\_\_\_\_\_\_ NO\_\_\_\_\_\_

 - Pregnant YES\_\_\_\_\_\_ NO\_\_\_\_\_\_

 - taking any medications on daily basis? YES \_\_\_\_\_ NO\_\_\_\_\_\_

4. Did you in the last 14 days:

 - undergo surgery? YES\_\_\_\_\_\_ NO\_\_\_\_\_\_

 - exposed to radiation or have any other

 medical interventions? YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_

 - Botox (do not do 30 days prior) YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_

This information is confidential and it shall be kept private. The tattoo artist assumes no liability in case of giving false information.

3. **CONTRACTUAL OBLIGATIONS**:

I give the tattoo artist permission on photo taking and using the photos for advertising purposes.

YES\_\_\_\_\_\_ NO\_\_\_\_\_\_

4. **WARRANTY**

The tattoo artist: \_\_\_Heidi Lish\_\_\_\_ accepts liability in compliance with the legal measures and regulations in the case of negligence, carelessness, or intentionally or negligently causing injuries or threat to life, body and health. The tattoo artist is liable for violations of the obligations specified under the agreement.

5. **EXPLANATION**

The client is informed in detail by \_\_\_Heidi Lish\_\_\_about specific risks of eyebrow drawing treatment using microblading technique.

**The following risks are specifically explained to the client:**

 During the treatment, despite the staff expertise and all the precautionary measures, injury is possible. Despite the application of the most advanced and top quality pigments, allergic reaction is possible but rare. The client is informed about this and he/she assumes liability. During and after the treatment temporary swelling, redness and/or itching may occur. Experience tells us that these symptoms are temporary. Depending on the skin structure after the first treatment small scabs with a loss of drawn hairs may occur and color intensity change. In the first seven days eyebrows are up to 40% darker and 10-15% thicker. Color is determined according to the natural hair and skin tone. Symmetry is determined digitally, with closed eyes because of the negative impact of facial expression. The pigment is absorbed differently due to differences in the skin quality, thus there is no warranty for the treatment success. Depending on the skin structure it should be noted that change in the color intensity is possible and that one or more additional treatments will be required. The minimum or maximum duration of eyebrow drawing treatment cannot be determined with certainty, nor can the warranty be given on performed treatment. The first correction is done four weeks after the treatment. For oily skin it is necessary to perform more corrections. **Permanent make-up always leads to skin injury. Therefore, it is important to carefully and gently nurture your skin after the treatment to allow healing without complications, and religiously follow after care instructions. Inadequate care in healing phase of the skin can lead to poor results and the tattoo artist cannot be liable for it.**

**In the next seven days the client is required to pay attention to the following**:

* Half an hour after the end of the treatment eyebrows should be thoroughly rinsed with lukewarm water, and neutral soap, or clean with PhiWipes.
* This procedure shall be repeated every 30 minutes, at least 3-5 times to prevent the scab formation, and then apply a thin layer of Skin Candy Ointment.
* For post-treatment care use only provided ointment. Please do not use any other creams or ointments, except the ones provided to you in order to prevent possible infections or allergic reactions.
* In the first two weeks after the treatment avoid public bathing, sunbathing, tanning salon, sauna, beauty treatments and intense training accompanied by sweating (sport activities), contact with the dust (household chores, etc.) The tattoo artist is not liable in case of improper post-treatment care.

6. **COMPETENCE**

I confirm that I have read and understood thoroughly the aforementioned agreement. I received a clear and understandable response to all of my questions. The treatment procedure and post-treatment care was explained to me in detail and I agree to it. I have no further questions or complaints.

Artist signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DAY OF PROCEDURE**

Have you used drugs or alcohol in the past 24 hours? YES\_\_\_\_\_\_ NO \_\_\_\_\_\_

Have you eaten in the past 2 hours? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_

Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_