## **PURISTE BROW HENNA CONSENT and RELEASE FORM**

Name:	Date:
Email:	Phone:
Emergency Contact Name & Number:	
Have you had henna or tint on your eyebrows b Yes, Henna Yes, Tint No	efore?
Have you ever received a "black henna" tattoo?Yes (a patch test cannot be waived due to poNo	essible sensitization and risk of serious adverse reaction)
If you've had henna or brow tint before, did youYesNo	experience any adverse reaction to either service?
Please mark "Y" any of the following that you've	ever had or are currently experiencing, "N" if never:
Inflammation of eyelid/eyebrow area Skin trauma, swelling or abrasions Recent operations around eye, head or face Recent brow tattooing or microblading Chemotherapy (current or recent treatment) Eye infections/conjunctivitis Allergy to adhesives, glues, or bonding agent Allergic reaction to henna, hair dye, or any ot Previous reactions to eye treatments Hypersensitive skin Botox (or Botox alternative) / dermal fillers Skin Disorders/disease Sunburn Currently pregnant or breastfeeding None of the above	
I realize that my brow artist may want to take be purposes. I give permission for my picture to beYesNo	efore and after photos that may be used for promotional used for this purpose.
other henna formulations, and a serious allergic received a "black henna" tattoo, such as those r may have been put at further risk for sensitization proceed, a patch test is mandatory. I have received chosen to waive it. Regardless of the circumstates	duals may be sensitized to certain ingredients in this and reaction can occur. I further understand that if I've ever eceived at carnivals, on cruises, and tourist destinations, I on, and I should not receive this procedure. If I choose to ved a patch test 48 hours prior to this procedure or I have noces, I have been made aware of the risks and hold my not product manufacturer harmless should any injury occur we tinting procedure.
Client Signature:	Date

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Please acknowledge that you understand the following by initialing in the space provided:
If I experience any swelling, redness, and/or itching, I will inform my artist immediately and/or seek medical care as this may be a sign of an allergic reaction.
Due to differences in skin types and qualities leading to different individual results, there is no warranty for the treatment success.
My finished brow shape is dependent on my existing brow shape and I cannot expect results outside of what is reasonable.
The minimum or maximum duration of henna services cannot be determined with certainty, nor can the warranty be given on performed treatment.
Henna Art is an art and not a science. Clients' results will vary and using a makeup pencil or brow bowder may still be needed
Absolutely NO REFUNDS will be given after any service.
I ACKNOWLEDGE THAT NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF THIS SERVICE.
I received clear and understandable responses to all of my questions.
The information and medical history I've provided is above is complete and true. I understand that it is my responsibility to inform my technician if I ever have a change in health.
certify that I have read or have had read to me the contents of this form. I understand the risks involved with the procedure(s). I have had the opportunity to ask questions, and all of my questions have been answered. I acknowledge that I have reviewed any information given me. I authorize the performance of this brow tint procedure on my eyebrows using the Puriste Brow Henna line of products.
Client Signature: Date:
AFTERCARE INSTRUCTIONS:
Avoid hot water and steam on the brows for the first 24 hours.
Avoid shampoos & conditioners, makeup, makeup removers, creams, and serums on the brow area.
When cleansing the face and brow area after the first 24 hours, cool water will help the henna to last longe than using warm/hot water.
Limit sun exposure to brow area.
Do not use exfoliants in the brow area.
Client Name:
Client Signature: