

Brow Pro

Microblading Customer Waiver and Release Agreement

I understand that I will be receiving a semi-permanent cosmetic procedure, 3D Hair Strokes, which enhance the eyebrows. ____ (initial)

I understand this procedure has had results for some clients that have lasted up to more than 12 months, although these results vary and I understand that no timeframe is guaranteed to me. ____ (initial)

I understand that this is a cosmetic semi-permanent tattoo and with time, pigments can and will fade or change according to metabolism, lifestyle, skin type, medications, age, smoking, alcohol, sun exposure, and use of chemicals such as Retin-A and Glycolic acids, they are semi-permanent. ____ (initial)

Touch-up maintenance work will be expected in the future to keep it looking fresh. ____ (initial)

I acknowledge that no guarantees have been made to me concerning the results of this procedure and agree that the professional recommendation is a "natural look." ____ (initial)

I understand that there are some known possible complications of semi-permanent cosmetic procedures including redness, swelling, puffiness, corneal abrasions, dark patches, allergic reactions, tenderness, infection, or migration. In addition, I understand that there is a possibility of hyperpigmentation or scarring resulting from a procedure, especially in individuals prone to hyperpigmentation from a scar or other injury. ____ (initial)

I understand that it is normal to lose approximately 1/3 of the color during the healing process. I realize that after the procedure the color will appear to be too dark and that in about 7 days, the color will appear to change and that after about 10 days the color will appear in its final form and will appear softer. ____ (initial)

I realize there will be a period of time when scabs may form and the skin may slough/flake off and that I am not to touch the areas during this time. Picking, pulling or scratching off or otherwise removing skin may result in loss of color. ____ (initial)

I understand the nature of the procedure and possible complications or adverse effects that may occur as a result of applied pigments. ____ (initial)

I understand that I will receive and will acknowledge pre- and post-procedure instructions and agree to strictly adhere to such instructions. I understand that achieving the results I desire

will, in some measure, be determined by my compliance to post-procedure instructions.

____ (initial)

I accept responsibility for approving the color, shape, and position of the pigments that will be applied and will approve such applications before the procedure begins. I understand that the actual color of the pigment may be modified slightly due to the tone and color of my skin and that because of the elasticity of the skin the shape may change slightly from that which I originally approved. I also understand that pigment unpredictably attaches to some areas of the skin more intensely than other areas and may appear darker or lighter than originally intended. However, I know that every effort will be made to make the final result flawless. ____ (initial)

I understand that topical anesthetics will be used for my comfort and to enhance the semi-permanent cosmetic procedure and experience. I realize that there are some people who are allergic to topical anesthetics and will make any such allergies or problems known prior to the procedures. I will inform the provider of any condition which may make any of the procedures contraindicated including recent hepatitis or pregnancy, medications, health issues, or personal issues. ____ (initial)

I understand that I will need a second session of 3D Hair Strokes, as it is a two part process. I understand that my skin typically will not hold pigment with just one session. About 90% of client's only need one session, but everyone's skin is completely different and may require multiple sessions to lock in pigment. ____ (initial)

I understand the taking of before and after photographs of procedures are required and that some photographs may be taken during the procedure. I also understand that exceptional photographs or results may be used in advertising or promotional materials and give permission for such usage. I also understand that any photographs will not be used for such purposes if I withhold permission.

Permission granted

Permission withheld

(check one)

I have been given an opportunity to ask questions about the procedures, equipment, past experiences, and/or the methods to be used as well as the risks and hazards involved and I believe that I have sufficient information to give this informed consent. ____ (initial)

By signing this customer waiver and release agreement, I the client names below certify that I knowingly and voluntarily release (PROVIDER) and its directors, officers, owners, employees, agents and representatives from any and all claims for damages for personal injury arising from the application and procedure of semi-permanent 3D Hair Strokes including damages relating to known or unknown complications which may arise during or following the application process including but not limited to claims from negligence. I further release and hold harmless (PROVIDER) from any claims relating to preexisting conditions I have not revealed or changes to those conditions subsequent to the procedure. ____ (initial)

_____ (Client Signature) certify that I have read and fully understand this customer waiver and release agreement. I hereby authorize (PROVIDER) to provide semi-permanent 3D Hair Strokes on to my own natural eyebrows and skin, in accordance with the terms and conditions set forth in this customer waiver and release agreement.

Print Name: _____

Date: _____

Phone Number: _____

