

SBS LASHES AND BROWS MICROBLADING LIABILITY WAIVER

I, _____, hereby acknowledge and agree to the following terms and conditions set forth by SBS LASHES AND BROWS. By signing this form, I confirm that I am 18 years of age or older and voluntarily assume all risks associated with the microblading service provided by SBS LASHES AND BROWS.

I understand that microblading is a semi-permanent cosmetic procedure performed on the eyebrows to enhance their appearance. I acknowledge that the results may vary depending on individual factors such as skin type, lifestyle, and aftercare.

_____ Initials

I understand that there are certain risks and complications associated with the microblading procedure. These include, but are not limited to, allergic reactions, infection, scarring, dissatisfaction with the final results, and the need for additional touch-up sessions.

_____ Initials

I confirm that I have provided accurate and complete information regarding my medical history, including any allergies, medical conditions, medications, or previous cosmetic procedures. I understand that failure to disclose relevant information may result in adverse effects or complications.

_____ Initials

I acknowledge that SBS LASHES AND BROWS has explained the microblading procedure to me, including pre-care and aftercare instructions. I agree to follow these instructions diligently to ensure the best possible outcome and minimize the risk of complications.

_____ Initials

I release SBS LASHES AND BROWS, including its owner, employees, and contractors, from any liability for damages, injuries, or claims arising from or in connection with the microblading procedure, unless caused by their gross negligence or intentional misconduct.

_____ Initials

I understand that SBS LASHES AND BROWS cannot guarantee specific results and that the longevity of the microblading results may vary depending on individual factors and adherence to aftercare instructions.

_____ Initials

I agree to hold harmless and indemnify SBS LASHES AND BROWS, its owner, employees, and contractors from any claims, demands, or actions arising from or related to the microblading procedure.

_____ Initials

I acknowledge that SBS LASHES AND BROWS reserves the right to refuse service or discontinue the microblading procedure at any time if they deem it necessary for my safety or due to any violation of the policies outlined.

_____ Initials

I understand and agree that there will be no refunds on the microblading procedure at any time, including dissatisfaction with the final results.

_____ Initials

By signing below, I affirm that I have read and understood the contents of this liability waiver form and voluntarily consent to undergo the microblading procedure provided by SBS LASHES AND BROWS.

Client's Full Name: _____

Date: _____

Signature: _____



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