



Wild Rose

ESTHETICA INC

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Microblading RELEASE WAIVER

Client: _____ Phone #: _____

(Last Name, First Name)

Address: _____ City: _____

Prov: _____ Postal Code: _____

Email: _____

Technician: _____

I hereby declare that I have been informed, in detail, about the Microblading method and procedure which will be performed. I know that needles are used for the treatment to inject colour pigments into the upper layers of the skin.

I am aware that it is not possible to predict how durable and intensive the brow colour will be and that durability and colour intensity depend on age, skin type, life style, and environmental conditions of the treated person.

I am aware that the treatment with the pigmenting needles can cause skin irritation and minor inflammation of the skin which usually disappears within 24-36 hours.

I have been informed that the pigments will appear darker within the first few days immediately following the procedure than the final result. It will be necessary to undergo follow up treatments.

I have been informed of the section of skin to be pigmented will be numbed with a surface anesthetic.

I have been informed that medicines affect different individuals in different ways. Just because side effects have occurred in some cases, it does not mean they will occur to me. Some common side effects anesthetics may include: Allergic reaction, light headedness, drowsiness/dizziness, vomiting, numbness of the tongue, unusually slow heartbeat.

I have listed any allergies that I have: _____

I authorize the use of my photographs taken by the technician to be used on social media and shown to potential clients: _____ (client signature)

