



## Microblading CLIENT RELEASE

I \_\_\_\_\_ am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated permanent pigmentation procedure. The general nature of Microblading, as well as the specific procedure to be performed, has been explained to me.

I do not have any history of herpes infection at the proposed procedure site. I do not have epilepsy, diabetes, allergic reaction to latex or antibiotics, hemophilia or other bleeding disorder. I do not have cardiac valve disease or suffer from any heart condition or take medications that thin my blood.

I do not suffer from any medical or skin condition such as, but not limited to: keloid or hypertrophic scarring, psoriasis at the site of Microblading, or any open wounds or lesions at the site of Microblading.

I accept responsibility for determining the color, shape and position of the Microblading procedure as agreed during consultation. I fully understand and accept that non-toxic pigments are used during the service and that the result achieved may fade over a period of 1-3 years. Even once the color fades, pigment itself may stay in the skin indefinitely.

I understand and accept that each service is a process requiring multiple applications of pigment to achieve desired results and that 100% success cannot be guaranteed during the service. I understand that I may have to return for a repeated service.

I understand there is no warranty or guarantee made to me as a result of this procedure and the final result cannot be guaranteed. There are no refunds for this procedure, as results will vary and individual results are not guaranteed.

The result of the service can be affected by the following: medication, skin characteristics (dry, oily, sun-damaged thick or thin skin type), personal PH balance of your skin, alcohol intake and smoking, post service after-care.

Upon completion of the service, there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases bruising, bleeding, swelling or redness may occur.

I have been advised that the true color will be seen approximately 30 days after each service and that the pigment may vary according to skin tones, skin type, age and skin condition. I understand that some skin types accept pigment more readily and no guarantee on exact color can be given.

To my knowledge, I do not have any physical, mental or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time.

I agree to follow all pre-service and post-service instructions as provided and explained to me by the Esthetician. Failure to do so may jeopardize my chances for a successful service. I can confirm that I have received a copy of the after care instructions.

I have been informed of the nature, risks, and possible complications and consequences of Microblading. I understand the Microblading service carries with it known and unknown complications and consequences associated with this type of cosmetic service, including but not limited to: infection, scarring, inconsistent color, spreading and fanning or fading pigments. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science but an art. I request the Microblading service and accept the permanence of this service as well as the possible complications and consequences of this service. \_\_\_\_\_ (initials)

There is a possibility of an allergic reaction to numbing agent and/or pigments. A patch test is offered, however, it does not ensure you will not have an allergic reaction. If waived, I release the technician from liability if I develop an allergic reaction to the pigment. **Initial one or the other.**

I consent \_\_\_\_\_ (initial) to the patch test.

OR

I waive \_\_\_\_\_ (initial) the patch test

I understand that if I have any skin treatments, injectables, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my Microblading service. I acknowledge some of these potential adverse changes may not be correctable. \_\_\_\_\_ (initial)

The undersigned, being of lawful age, does hereby forever release and discharge Mitchell's Salon & Day Spa, Inc., its employees and agents, successors and assigns for and from any and all liability, claims, demands, damages and causes of action whether now known or unknown resulting from the rendering of the Microblading services.

The undersigned declares that they fully understand the terms of the Client Release and hereby certify that they have carefully read the forgoing Client Release and understands the contents thereof and sign the Client Release as their free act with the intention to be legally bound hereby.

Service/s Performed By: \_\_\_\_\_

Client Name (please print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Driver's License # \_\_\_\_\_

\*Attach copy of Driver's License