



CONSENT AND LIABILITY RELEASE

FOR MICROBLADING OF EYEBROWS

SECTION 1: ACKNOWLEDGMENTS AND AGREEMENTS

Please initial before each statement to accept your acknowledgement and agreement of the following:

_____ That I have been given a copy of this Consent and Liability Release (the “Release”) prior to the Microblading technique being performed on me.

_____ That I have received a copy of the Microblading Aftercare instructions.

_____ That it is my responsibility to advise MicroBrow Artistry (Christine Moran) of any concerns I may have before participating in the Microblading sessions.

_____ That I have read and accepted the risks set forth in Section 2. I have been given the opportunity to ask questions, either by written or verbal communication, prior to signing this Release. As a result, I have sufficient information to give this informed consent.

_____ That I must complete the Health Questionnaire in Section 3 before I can receive the Microblading technique from MicroBrow Artistry. I understand my participation as a client may be refused depending on my responses, including but not limited to pregnancy, diabetes, and/or allergies.

_____ That no warranty guarantee has been made to me as a result of this Microblading technique, and that the final result cannot be guaranteed.

SECTION 2: RISKS

I acknowledge and accept the following risks:

1. During the treatment, despite all precautionary measures, infection is possible.
2. Despite application of the most advanced and top quality pigments, an allergic reaction is possible.
3. Any skin treatment applying semi-permanent or permanent make-up carries with it a possible adverse change that may not be correctable.
4. During and after treatment, temporary pain, infection, scarring, swelling, redness and/or itching may occur.
5. Depending on the skin structure, after the first treatment small scabs with a loss of drawn hairs may occur and color intensity may change. Generally, eyebrows are up to 40% darker and 10-15% thicker in the first seven days. Color (i.e. color reflection) depends on the natural skin pigment. The shape of the eyebrows is determined according to my face proportions. I understand that symmetry is determined digitally, with closed eyes because of the negative impact of facial expression.
6. The pigment is absorbed differently due to differences in the skin quality, and therefore there may be inconsistent color, spreading, or fanning of pigments.
7. Depending on the skin structure, change in the color intensity is possible and one or more additional treatments will be required. The first correction is done three to four weeks after the treatment. For oily skin it may be necessary to perform more corrections.
8. The minimum or maximum duration of eyebrow drawing cannot be determined with certainty.

9. Application of permanent makeup leads to skin injury and it is important to carefully and gently nurture the skin after the treatment to allow for healing without complications. Inadequate care in the healing phase of the skin can lead to poor results. I will therefore strictly adhere to the Microblading Aftercare instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. Christine Moran and MicroBrow Artistry will not be liable for my failure to follow the Microblading Aftercare instructions.

As part of the aftercare, I will not use any other creams on the eyebrow area except for the product given to me or Vaseline/Aquaphor. Infection or allergic reaction may result with the use of other products. I will avoid swimming, sunbathing, tanning salons, saunas, beauty treatments such as facials, training, or other sports accompanied by sweating, and contact with dust for one week after the procedure.

SECTION 3: HEALTH QUESTIONNAIRE

To perform the Microblading technique in a safe manner, please answer the following health questions truthfully. Christine Moran and MicroBrow Artistry will keep all information disclosed in a confidential manner and will use it only for purposes of determining whether I can participate as a model.

Do you suffer from the following diseases or are you taking any of these medications? Please circle your answer.

Hemophilia YES NO

Diabetes mellitus (diabetes) YES NO

Hepatitis A, B, C, D, E, F YES NO

HIV + YES NO

Skin diseases YES NO

Eczema YES NO

Allergies YES NO

Autoimmune diseases YES NO

Herpes zoster YES NO

Current infectious disease/fever YES NO

Epilepsy YES NO

Cardiovascular problems YES NO

Are you taking blood thinning medications (anticoagulants) or fish oil?

YES NO

Are you pregnant? YES NO

Do you have a pacemaker? YES NO

Do you have a problem with healing of wounds?

YES NO

Have you consumed drugs or alcohol in the last 24 hours?

YES NO

Did you in the last 14 days undergo surgery, in which you were exposed to radiation, or any other medical interventions?

YES NO

SECTION 4: GENERAL RELEASE AND WAIVER

I HAVE READ THIS WAIVER AND RELEASE AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER AND RELEASE VOLUNTARILY.

Print name:

Sign name: _____

Date: _____