

## CONSENT AND LIABILITY RELEASE TO MICROBLADING OF EYEBROWS

I, \_\_\_\_\_ (Client Name), have agreed to receive the microblading procedure which will be performed on me by: \_\_\_\_\_ (Person or Business Name).

### SECTION 1: ACKNOWLEDGMENTS AND AGREEMENTS

Please initial before each statement to accept your acknowledgement and agreement to 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 the microblading technician of any concerns I may have before participating as a client, even though I may have written it down in this Release.
- \_\_\_\_\_ 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 have the microblading procedure performed on me.
- \_\_\_\_\_ No warranty or 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, injury is possible. I will not hold \_\_\_\_\_ (Microblading artist's name and business name) responsible in any way for any damages or issues that may arise as a result of having the microblading procedure performed on me.
2. An allergic reaction is possible despite the application of advanced and top quality pigments.
3. Applying semi-permanent or permanent make-up carries with it a possible adverse change that may not be correctable.
4. During and after the 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 colour intensity may change. Generally, eyebrows are up to 40% darker and 10-15% thicker in the first seven days. The shape of the eyebrows is determined according to my face proportions.
6. Pigment is absorbed differently due to differences in the skin, and therefore there may be inconsistent colour, spreading, or fanning of pigments.
7. Depending on the skin structure, a change in colour intensity is always possible and one or more additional treatments may be required. The first correction recommended to be done 4-6 weeks after the treatment. For oily skin, it may be necessary to perform more corrections

as oily skin tends to retain colour less. Additional treatments or procedures such as touchups are not included. I understand that If I need or want a touchup appointment or additional treatment, it will be treated as a separate service where I may be charged a fee for the service.

8. The minimum or maximum duration of eyebrow pigment cannot be determined with certainty.
9. Application of permanent make-up 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. The microblading artist and business performing this procedure will not liable for any damages caused to my eyebrows in any way caused by any reason including my failure to follow the Microblading Aftercare Instructions.

### SECTION 3: HEALTH QUESTIONNAIRE

Please answer the following health questions truthfully. We will keep all information disclosed in a confidential manner and will use it only for purposes of determining whether you are an ideal candidate for the microblading procedure.

Do you suffer from any of the following diseases or disorders?

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
Do you have Herpes?	YES	NO
Infectious diseases / high fever	YES	NO
Epilepsy	YES	NO
Cardiovascular problems	YES	NO

Are you taking any of the following medications?	YES	NO
Are you taking medication for blood thinning (anticoagulants)?	YES	NO
Are you taking any medications on daily basis?	YES	NO
IF YES, please specify: _____		
Do you have a pacemaker?	YES	NO
Do you have problems 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 you exposed to radiation, or any other medical interventions?	YES	NO
Are you pregnant or nursing?	YES	NO

#### SECTION 4: ACKNOWLEDGEMENT OF UNDERSTANDING FACTS AND FURTHER RISKS

I understand that there are contradictions for permanent makeup such as; glaucoma, high blood pressure, cancer, pregnancy, breastfeeding, hemophilia, mitral valve disorder, and allergies to anesthetics as well as allergies to Medical Nickel Instruments.

I understand that a certain amount of discomfort is associated with this procedure and that minor or temporary swelling, redness, bruising and tenderness may be experienced.

I understand that the cosmetic tattoo will appear darker immediately after the procedure and will continue to fade as my skin heals. Within 3-4 days after the procedure, the outer layer of pigment will begin to slough off and the tattoo will then appear lighter, softer and less defined. To prevent the area from excess scabbing, I will use Vaseline to help inhibit scab formation. I will not pick, pull or poke at any scabs, should they appear, as this may lead to scarring and pigment loss.

I understand that if I decide to change the colour, shape or anything else about the eyebrows after the procedure has been completed, that I may need additional session(s) to achieve the desired result. I will be charge for any subsequent procedures at full price and do not expect any type of discount for loss of pigment or changes.

I understand that I should advise any medical personnel or professional aestheticians of the existence of pigment/semi-permanent makeup on my eyebrows prior to receiving any additional treatments including but not limited to: chemical peels, MRI, plastic surgery anywhere on my body.

I understand that since microblading/semi-permanent/permanent makeup is an art and not a science, and as such, the outcome/results of a procedure cannot be guaranteed. There are many variables which contribute to the final result. These variables can be related to skin type, medications, lifestyle, aftercare, healing ability and overall health.

I understand that fading and loss of pigment may occur due to the skin rejecting the pigment or any unknown factor. I will not hold the microblading artist responsible for any fading or loss of pigment.

I understand that microblading is a multi-session procedure requiring more than one visit to perfect. Results from each session take approximately 4-6 weeks to heal. I understand that touchup appointments should be scheduled within 6 weeks of initial procedure. I understand that implanted pigment can change in colour or fade over time due to circumstances beyond the microblading artist's control.

#### SECTION 5: USE OF LIKENESS AND RELEASE

By participating as a client, I permit, authorize, and license \_\_\_\_\_  
\_\_\_\_\_ (Your name and business name), their  
employees, officers, directors, and agents of each and all of the ("Authorized Persons"), to  
display, exhibit, transmit, broadcast, reproduce, record, photograph, digitize, modify, alter, edit,

adapt, create derivative works, exploit, sell, rent, license, otherwise use, and permit others to use my image, likeness, and appearance, and all materials created by or on behalf of my participation that incorporates any of the foregoing ("Materials") on a perpetual basis throughout the world and in any medium or format whatsoever now existing or hereafter created for publicity, advertising, and marketing purposes, and for any purpose they deem reasonably appropriate, without further consent from or royalty, payment, or other compensation to me.

## SECTION 6: GENERAL RELEASE AND WAIVER

I recognize and acknowledge that there are certain risks of personal injury or property damage related to my participation as a client, and I voluntarily agree to fully assume all of these risks, regardless of severity, that I may sustain as a result of participating in any and all activities connected with or associated with performing the procedure of microblading, semi-permanent or permanent makeup to my eyebrows, including, but not limited to, injuries, damages and losses arising out of negligent supervision, tort, contract, products, or any other theory of recovery. I, for myself and my heirs, assigns, personal representatives, and next of kin, expressly waive and release any and all claims, now known or hereafter known, against

\_\_\_\_\_ (Your name and business name), and their employees, officers, directors, and agents of each and all of them (collectively, "Releasees"), on account of personal injury or property damage arising out of or attributable to my participation as a client, whether arising out of the negligence of any Releasees or otherwise. I covenant not to make or bring any such claim against any Releasee, and forever release and discharge all Releasees from liability under such claims.

All matters arising out of or relating to this waiver and release shall be governed by and construed in accordance with the internal laws of Canada without giving effect to any choice or conflict of law provision or rule (whether of Canada or any other jurisdiction). Any claim or cause of action arising under this waiver and release may be brought only in the federal and Provincial courts located in Canada and I consent to the exclusive jurisdiction of such courts. I understand that this waiver and release is intended to be as broad and inclusive as permitted by law and that if any portion hereof is held invalid, I agree that the balance shall continue in full legal force and effect. I further agree that if this waiver and release is not valid in Canada, it shall be construed as a covenant not to sue anytime, anywhere and for any reason.

I have read the information in this waiver thoroughly. I understand that I have given up substantial rights by signing it. I have the capacity to provide informed consent and I am signing this waiver and release freely and voluntarily.

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

Client Name: (Print) \_\_\_\_\_

Birthdate: (To verify over 18 years of age): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_