

Microblade Consent Form

CONSENT AND RELEASE AGREEMENT FOR SEMI/PERMANENT COSMETIC PROCEDURE

The Microblade specialist herin, designated Specialist, who will be performing the requested permanent cosmetic procedure(s), and the undersigned client, herin designated Client, who will receive the permanent cosmetic procedure(se), are subject to the terms and conditions specified herin:

This agreement to have a permanent cosmetic procedure is entered into by the Specialist and:

Name of Client_____

Address_____

The Specialist will perform permanent cosmetic procedures in accordance with the expressed desires of the Client, consisting of the following:_____ (procedure(s))

The procedure(s) designated will be performed with reference to and in accordance with the provisions contained within this agreement, therefore, the Specialist and Client agree as follows:

AGREEMENT

A. ACKNOWLEDGEMENT OF COMPLICATIONS ASSOCIATED WITH PERMANENT COSMETICS

1.The Client has been informed by the Specialist of possibles, risks, dangers and complications associated with having permanent cosmetic facial tattoo procedures performed. The Client acknowledges that these dangers may include: eye injury, allergies to any materials used in the procedures, fever-blister and cold sores, swelling, bruising (although rare), temporary minor bleeding, redness, risk of spreading, fading and fanning of pigment and various other possible unintended negative results of the procedure, some or all of which may not be desirable to the client.

2. Having been completely advised on all the inherent risks, dangers and complications associated with permanent cosmetic facial tattoo procedures, the Client hereby voluntarily assumes all risk of any possible negative result ensuing from the cosmetic procedures which are to be performed.

Client initials_____

B. ALLERGY TEST/WAIVER

The Client agrees to take a 5-7 day allergy test prior to the permanent cosmetic facial tattoo procedure (the expense of which is to be borne by the Client) in order to determine allergic or other reaction to the applied materials (such as pigments, anesthetics, and other items typically used in the procedures(s)) and to detect fading or changes in the applied pigments which may occur on applications, or to waive such at this time, acknowledging that this waiver may increase the potential of occurrence of such allergic and other reactions to the materials which are used in the procedure.

Client should initial here_____to waive allergy test.

C. RESULTS

The Client agrees to accept full responsibility for the color, shape and thickness of each and every procedure executed by the Specialist, to include but not limited to eyeliner, eyebrows, lips and or lip liner and/or beauty mark, or any other permanent cosmetic procedure. The Client acknowledges and agrees that if after the second session a touch-up is needed, the Client must contact the Specialist within 30 days to schedule such in order to avoid an additional charge.

Client initials_____

D. DISPUTE RESOLUTION

The Client agrees that in the event of a dispute between the Client and Specialist involving the services rendered under this agreement and any damages related thereto, and in the event that legal action is take, the parties shall be limited to resolving their dispute through action in a small claims court within Santa Clara County, State of California.

Client Initials_____

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E. RECEIPT OF PRE-PROCEDURE AND POST-PROCEDURE INFORMATION

The Client acknowledges receipt of pre-procedure information and post-procedure (aftercare) instructions from the Specialist, and agrees that they have read them, have been advised of them, understand them, and agree to adhere to them in order to help ensure satisfactory results from the procedure(s) and help prevent secondary infection. The Client acknowledges that all final adjustments and detail work will be done in the second session , and will schedule a follow up session with the Specialist within 4-6 weeks of the procedure(s).

Client Initials_____

F. CONSENT TO PERMANENT COSMETIC PROCEDURE

The Client fully, and voluntarily, consents to have the Specialist perform the permanent cosmetic procedure(s), and is fully aware and informed of all and any inherent risks, dangers and complications associated with having permanent cosmetic facial tattoo procedures performed. The Client has had any questions or concerns which he/she has expressed satisfactorily answered or resolved by the Specialist.

Client Initials_____

G. RELEASE OF CLAIMS

The Client, realizing that cosmetic procedures of the type of those specified in this agreement are fraught with risks and dangers which cannot be eliminated from the process regardless of the precautions and safeguards which are undertaken, hereby agrees that the Client releases the Specialist from any and all claims, damages and liability of all types relating to the performance of the specified procedure(s), including any costs of medical care or assistance required by the Client as a result of the procedure(s) performed, which shall include any post-operative care, repair or reconstruction which Client might require or desire. This release agreement by the Client shall also extend to the proprietors, officers, agents and employees of any business Specialist that's employed by or associated with in performing the cosmetics procedures.

Client Initials_____

IN WITNESS HEREOF, Client and Specialist do hereby give their assent to the terms of this Agreement on the date entered.

Signature of Client_____ Date_____

Signature of Specialist_____ Date_____

