

Please read and initial all lines:

- Microblading can last 6-18 months depending on how my skin reacts to the procedure. There may be fading and/or discoloration.
- The result may not be what I expected to receive. I understand this is a semi-permanent makeup procedure that may take numerous follow-ups and touch ups to get desired result.
- I must schedule the touch up for 6 to 8 weeks after my initial treatment. I have read and understand the Fees & Policies sheet.
- 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.
- I have seen and agree with the pre-draw shape that my artist created. I understand that this is a guideline for the shape and size of my brow design and it may vary slightly once the procedure is done.
- There may be risks and hazard related to performing this procedure.
- There may be discomfort and pain during this procedure.
- There is a possibility of bleeding, swelling, redness and allergic reactions to pigments.
- Microblading is considered semi-permanent and can/will fade over time.
- Microblading, though semi-permanent, may last permanently and may not fade.
- Surgical procedures may be required to remove pigment from skin. These procedures may cause scarring and permanent damage to the skin.
- Final result cannot be determined until brows are completely healed at 4 to 6 weeks.
- I understand that permanent and semi-permanent makeup procedures cannot be guaranteed and results cannot be predicted, as there are many variables that contribute to the final result, such as aftercare, skin type, lifestyle, etc.
- I have received post care instructions and will follow them to ensure results of my procedure are satisfactory.
- I am NOT under the influence of drugs and/or alcohol or any other mind altering substance
- I fully understand the procedure and give permission to my technician to perform the service of Microblading and all procedure and steps involved.
- I have truthfully filled out the consent form and have informed my technician of all medications I have taken.
- I release _____ and its representatives and license technicians of all claims and injury, seen or unseen that may occur as a result of this procedure.

Client (Printed Name)

Client Signature

Date