



DISCLOSURE & RELEASE AGREEMENT FOR COSMETIC TATTOOING/MICROBLADING

Please read and fill out this "disclosure & release agreement" completely, making certain that you understand all information provided, and that your information is correct. You have the right to be informed so that you may make the decision whether or not to undergo the procedure, after knowing the risks and hazards involved. This disclosure is simply an effort to make you better informed so you may give, or withhold, your consent to the procedure.

Medical History Form					
Difficulty numbing with dental work	Y	N	History of MRSA	Y	N
Taking Blood thinners e.g. Aspirin, Ibuprofen, Alcohol, Coumadin, etc. (Specify)	Y	N	Botox (last treatment)		
			Laser (last treatment)		
Allergic reactions to any medications including but not limited to Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl Alcohol, Carbopol, Lecithin, Propylene Glycol, Vitamin E Acetate, etc. (Specify)	Y	N	Do you use skin care products containing Retin-A, Glycolic Acid, or Alpha Hydroxyl? (Specify)	Y	N
			Mature Skin	Y	N
			Scarring	Y	N
Any other allergies e.g. metals, foods, etc.) (Specify)	Y	N	Hepatitis A, B, C, D	Y	N
			HIV, AIDS, Autoimmune disease (Specify)		
Diabetes	Y	N	Forehead / Brow Lift	Y	N
Chemotherapy / Radiation	Y	N	Easy Bleeding	Y	N
Please list any medications you are taking			Any diseases or disorders not listed (specify)		
Tanning (last treatment)			Alcoholism	Y	N
Cancer (Date considered in remission)			Chemical Peel (last treatment)		
Tumors / Growth / Cysts (Specify)			Heart Conditions	Y	N
Accutane or Acne Treatment	Y	N	Pregnant or Breastfeeding	Y	N
Facelift	Y	N	Brow Tinting	Y	N
Oily Skin	Y	N	Skin conditions (specify)		
I agree that all the information is true and Accurate to the best of my knowledge	Signature:		Full Legal Name:		Date MM/DD/YYYY:

**Please read and INITIAL the statements below to indicate:
I understand the following completely:**

____ I was given an opportunity to ask all the questions I may have about the procedure and follow-up protocol and all my questions were answered fully. I have reviewed the FAQ & Policies sections on www.egobeauty.ca prior to my appointment, and I understand and agree with the info there. I specifically acknowledge I have been advised of the facts and matters set forth below and I agree as follows:

____ I am over the age of 18 and I have truthfully represented to my artist that the obtaining of a permanent makeup is by my choice alone. I consent to the application of the permanent makeup and to any actions or conduct of the representatives and employees of the PMU salon reasonably necessary to perform the procedure.

____ My immune system is not currently severely compromised by a disease. If I have diabetes, epilepsy, hepatitis, hemophilia, HIV-AIDS or any other communicable disease or heart condition I have advised my artist.

____ To my knowledge, I do not have any physical, mental or medical impairment or disability, which might affect my wellbeing as a direct or indirect result of my decision to have this procedure

____ I do not have medical or skin conditions such as but not limited to: acne, scarring (Keloid) eczema, psoriasis, freckles, moles or sunburn in the procedure area that may interfere with said procedure

____ I am aware of the risks of possible allergic reactions, infections and any other complications as a result of the procedure, especially if I do not take care of the eyebrows, and the skin in that area. In extremely rare cases some scarring is possible. I accept such risks and accept full responsibility for any post treatment complication. I informed the practitioner of my known allergies and I acknowledge it is not reasonably possible for the representatives and employees of this permanent makeup salon to determine whether I might have an allergic reaction to the pigments or processes used in my procedure or that any other conditions that I may or may not be aware of can affect the results of the procedure, I agree to accept the risk that such a reaction is possible.

____ No warranty has been made to me as a result of this semi-permanent makeup, micro-pigmentation or correction procedure, and that the final result cannot be guaranteed. I realize that variations in color and design may exist as ultimately applied to my skin. I understand that if my skin color is dark, the colors will not appear as bright as they do on light skin.

____ I am not pregnant or nursing and I am not under the influence of alcohol or drugs.

____ No food, drinks, or making/receiving phone calls are allowed in the procedure area. Minimal texting or email is totally fine, as long as it does not interfere with the procedure. (This applies to any guests of the client as well.)

____ I realize that there is potential for discomfort during the procedure and during the healing process. There is a possibility of bleeding, swelling, scarring and allergic reactions to the products used.

____ I acknowledge that a permanent makeup is a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove my permanent makeup. A tattoo can only be removed with surgical or laser procedures, and that any effective removal may leave permanent scarring or disfigurement.

____ Misplacement or migration of the pigment can occur, under rare circumstances, requiring excision and/or correction of the misplaced pigment.

____ I understand that I must inform my technician of any issues or conditions that I have that may interfere or affect with the procedure and process and of any and all medication(s) I am currently taking. (Pain control medications such as aspirin or ibuprofen may cause the blood to thin, and excessive bleeding may occur during or after the procedure.)

____ I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent makeup .

____ I do not currently take Accutane and/or have not taken for at least 12 months.

____ In case I will need an MRI scan I will notify and discuss it with the health provider/doctor

____ I am actually reading these and not just signing my initials.

About Microblading:

____ I give my consent to use Microblading tools to apply pigments into my skin in the eyebrow area and modify the look of my existing eyebrows.

____ Microblading is a form of cosmetic tattooing that is considered semi-permanent, and will fade with time. I acknowledge that the final color and shade will be achieved after 6-8 weeks and the pigment colors and shade may vary with time.

____ The usual healing period is of 4-6 weeks, after which the second visit is usually required, in some cases more visits maybe needed. During the healing period redness, swelling, scabbing of the skin, irritation, itching, minor bleeding, rash and other effects are possible. The final result in most but not all cases will be achieved 6-8 weeks after the last visit.

____ Microblading results last usually 12-36 months but may vary depending on the skin type, skin care and lifestyle. I also fully understand that Microblading is the procedure involving applying pigments into the skin, and is the type of permanent makeup and I haven't been given a representation that the results will be removed.

____ I am informed the pigments after initial procedure may partially and/or fully fade and/or disappear and full success cannot be guaranteed and following multiple touch up sessions may be needed.

____ I am aware that the results can be affected by: medication, skin type, smoking, drug and alcohol use, use of cosmetic skin care products and makeup on the eyebrow area, activities causing sweating, eyebrow plucking, cosmetic surgery, use of cosmetic injections and many other factors.

____ I fully understand THE PERMANENT MAKEUP ARTIST DOES NOT ACT AS A MEDICAL PROFESSIONAL. Any suggestions made to me are NOT to be construed as/or substituted for advice from a medical professional.

____ I understand the taking of before and after photographs of said procedure(s) are required and I give my consent for my before/after photos to be shown on social media (Instagram/Facebook/Twitter/etc.) and in printed materials. I hereby grant my Microblading provider the irrevocable, perpetual, exclusive right and permission to use photographs/video of me for all media throughout the world including print, internet, other electronic medium; alone or combined or incorporated with other materials; images of me before, during, immediately after the treatment, before and after the touch up and after healing; and I agree that my Microblading provider owns the property rights for such images, digital files and materials. I acknowledge and give my permission that such images and digital files maybe made public on the Internet and I might be identified.

____ I release the studio and its representatives and subsidiaries of all claims for injury, seen or unseen that may occur as a result of this procedure. I fully understand the questions, terms, and conditions of this Disclosure & Release Agreement. I accept to waive my rights for any claim against the technician for any reason whatsoever.

____ I believe that I have sufficient information to give this informed consent. I certify that this Disclosure & Release Agreement was completed by me and that all entries and information are true and complete to the best of my knowledge, I have also read and understood all the information and FAQ for microblading prodecures on the Salon's website and wish to go ahead with the procedure.

_____ I approve of the pigment selection, shape and design created by my Microblading provider and I am satisfied with it. I understand that variations in color and design may exist as ultimately applied to my skin.

Post Care Procedure Guidelines:

- ✓ Post Procedure Care General Microblading (semi-permanent makeup) procedures are affected by the "canvas" (your skin) that they are performed on.
- ✓ Lifestyle, medications, smoking, uv light or sun exposure, metabolism, facial surgery and other procedures, and age of skin all contribute to fading. Though rare, infection is possible.
- ✓ If you see signs of infection such as persistent increased redness or swelling, fever, drainage, or oozing, contact your doctor immediately.
- ✓ For at least one week post-procedure or until healing is complete (whichever is longer): Keep your hands clean and avoid touching the affected area(s).
- ✓ When the area starts to flake, leave it. Do not pick, peel or pull on the skin. Do not scrub or pick treated areas, do not use peroxide or Neosporin on treated areas, Do not expose area to direct sun or to tanning beds, Avoid exposing the area excessive moisture or humidity, such as: facials, swimming, whirlpools (hot tubs), saunas, steam rooms, and steamy showers.
- ✓ Apply a thin coat of After Care Ointment (given to you by your artist) to the area as advised
- ✓ Avoid sweating such as from vigorous exercise for 24 hours.
- ✓ Avoid Retin-A, moisturizers, glycolic acids, exfoliants and anti-aging products at all times (not just during healing) on all micro pigmented areas. These can cause pigments to fade and lighten prematurely
- ✓ Avoid soap and chemicals (including skin cleansers, makeup removers, alpha hydroxyl creams, and tooth whitening toothpaste) near the treated area until healed.
- ✓ Do not resume any method of eyebrow hair removal or coloration for at least two weeks.
- ✓ Pigments will slowly fade overtime according to one's metabolism, skin type, sun exposure, medication, facial surgery, and smoking.
- ✓ Schedule maintenance visits as needed to keep it looking fresh. Periodic touch ups will ensure longer lasting results

First & Last Legal Name: _____

Email Address: _____

Date of Birth (MM/DD/YYYY): ____/____/____ Phone: _____

Signature: _____ Date (M/D/Y): ____/____/____