



MICROBLADING DISCLOSURE AND RELEASE FORM

I understand the following completely (initial each statement)

- _____ Microblading can last 6-18 months, depending on how my skin reacts to the procedure.
- _____ There may be fading and/or discolouration. The result may not be what I expected to receive.
- _____ I understand this is a semi-permanent make-up procedure that may take numerous follow ups and touch-ups to get desired result.
- _____ One complimentary touch-up is included in the price of the procedure. Clients must schedule this touch-up procedure for 6-8 weeks after initial treatment.
- _____ I have read and understood the fees and policy sheets.
- _____ There is no guarantee made to me, as a result of this procedure and the 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 agreed with the pre-drawn shape that my technician 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 risk 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 reaction to pigment.
- _____ Microblading is considered semi-permanent and can/will fade over time.
- _____ Microblading, though semi-permanent, may last permanently and may not fade.
- _____ Final results cannot be determined until the brow is completely healed at 4-6 weeks.
- _____ I understand the permanent and semi-permanent makeup procedure cannot be guaranteed and results cannot be predicted in advance, as there are many variables that contribute to the final result, such as aftercare, skin type, life style etc.
- _____ I have received aftercare instructions and will follow them to ensure results of my procedure are satisfactory.
- _____ I am not pregnant.
- _____ I am not under the influence of drugs and/or alcohol or any other mind-altering substance.

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- _____ I fully understand the procedure and give permission to my technician to perform the service of Microblading and all procedures and steps involved.
- _____ I have truthfully filled out the consent form and have informed my technician of all medications I am taking.
- _____ I release Marina of Therabeautic, who is a licenced technician, of all claims and injury, seen or unseen that may occur as the result of the procedure.

Client's Name: _____

Signature: _____

Date: _____