



DISCLOSURE & RELEASE AGREEMENT

FOR COSMETIC TATTOOING/MICROBLADING/OMBRE BROWS

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.

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

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

No warranty has been made to me as a result of this permanent make-up/Microblading or correction procedure, and that the final result cannot be guaranteed.

There may be risk of infection if aftercare instructions are not followed.

I realize that there is potential for discomfort during the procedure and during the healing process.

There is a possibility of bleeding, swelling, and allergic reactions to the pigments used.

Cosmetic tattooing will fade with time. To maintain my desired result, regular touch-up/color boost is necessary.

A tattoo is considered permanent and 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 have reviewed the ABOUT MICROBLADING & Policies sections on www.symmetrybrowsaustin.com OR “All you need to know” & Policies on www.permanentmakeuptx.com, prior to my appointment, and I understand the info there, I agree to all policies, and I have had any further questions answered.

My technician will not, under any circumstance, perform any procedures on me if I am known to have any allergies related to the products used. (Our pigments contain: Sterile Water, Glycerin, Isopropyl Alcohol, Iron Oxides, Titanium Dioxide, and Chromium Oxide)

I understand that I must inform my technician 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 do not currently take Accutane and/or have not taken for at least 12 months.

I understand that I must inform my technician of any skin condition(s) I may have. (Psoriasis, Eczema, etc.)

I understand that it is my responsibility to advise the technician of any concerns I may have before they begin the procedure.

- I am not under the influence of any drugs or alcohol.
- I am not pregnant.
- I am actually reading these and not just signing my initials.
- Aftercare instructions have been explained to me and a written copy has been given to me, which I will follow to the best of my ability.
- I understand that chemical exfoliants - Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on treated areas. They will alter the color and cause premature exfoliation of the pigment.
- I understand that 1 (one) touch-up/perfecting session is included with my initial microblading session. If I do not complete the touch-up session between 6-12 weeks after the initial session, I know that there will be an additional charge.
- I understand that it MAY take more than 2 sessions to achieve my desired result and that any extra touch-ups needed will have an additional charge.
- 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.

First & Last Legal Name: _____

Email Address: _____

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

INITIAL SESSION--Signature: _____ Date: ____ / ____ / ____

TOUCH-UP SESSION--Signature: _____ Date: ____ / ____ / ____

TOUCH-UP SESSION--Signature: _____ Date: ____ / ____ / ____

TOUCH-UP SESSION--Signature: _____ Date: ____ / ____ / ____

PLEASE CHOOSE:

YES, I give my consent for my before/after photos to be shown on social media (Instagram/Facebook/Twitter/etc.) and in printed materials. (Your face will not be shown and you will not be tagged in the photo. Just a photo of the work that was done.)

NO, I do NOT give my consent for my before/after photos to be shown on social media (Instagram/Facebook/Twitter/etc.) and in printed materials. (Your face will not be shown and you will not be tagged in the photo. Just a photo of the work that was done.)