CONSENT FORM

I am _____ and I am over 18 years old and I am not under the influence of alcohol or drugs, I confirm that I am not pregnant and I decide to perform the microblading technique. In this document I received the corresponding information of what microblading/softbrows means and what risks and benefits involve carrying out with procedure. Microblading is a semi-permanent technique in which small micro cuts are made to introduce the pigment and result in the simulation of hairs. (initial) _____.
Shading is a semi-permanent technique that give a soft make up effect and is performed with a PMU MACHINE._____

Microblading or any permanent make up Brows technique are like any other surgical beauty treatment that entails risks that include but are not limited to: infection, bleeding, inflammation and irritation. (initial) _____.

This appointment is to do my Touch-up with an approximate time of _____ after my first or last permanent makeup session, this session probably requires a complementary session for the perfection of technique because the annual or later touch-ups 4 MONTHS of the first session can being considered as first sessions it all depends on the skin type and the lifestyle of each person.
(initials) _____.

Microblading/softbrows/ Permanent Make up is a semi-permanent technique that consists of 2 sessions and lasts from 6 to 12 months depending on the type of skin and lifestyle of each person: (initial) _____.

I understand that microblading is a treatment of 2 sessions and that each session has a different and variable cost and that the second session is performed 6 to 8 weeks after the initial and has a cost of _____ and if I as a client decide not to take my second session in a maximum period of 8 weeks the cost may be _____ (initials):_____

I understand that the second session cannot be done before the sixth week since the skin has a healing period which we must respect for a healthy care of the skin, in case of requiring a third session will have an extra cost. As the technique is semipermanent, it is recommended that after the initial 2 sessions make annual retouching to keep the eyebrows with a good appearance (variable cost), I understand that if I pass a lapse of more than 12 months (twelve months) the cost of the session will be regular cost as first session (may be greater than or equal to the first time)
(initials): _____

I understand that With Microblading/softbrows as with any other semi-permanent makeup technique we can have color inconsistency or migration in the results, as well as imperfect designs, I understand that the artist will try to make perfect design with a balanced symmetry, even though by nature our body does not have perfect symmetry so our results can be optically perfect or imperfect and that varies depending on the bone structure of each face (initials) _____.

I understand that microblading/SOFTBROWS / permanent makeup it is a tattoo technique and it is not an exact science, if not an art and as such it is likely to present complications and I accept the risks and wish to continue with the treatment (initials):_____
There is a possibility to an allergic reaction to pigments or anesthetics, I am aware, and I give the consent to the artist to continue with this treatment "microblading / Softbrows/PMU and release the artist and the establishment of any future allergy reaction. (initials):_____.

I agree that I should not perform any beauty treatment in the area of the eyebrow such as: botox, laser, plastic surgery or any other treatment that alters or may alter the results of my microblading/ softbrows treatment during the next 30 (thirty) days after my microblading treatment. I understand that if I perform any treatment not recommended by the microblading artist there may be uncorrectable and unwanted changes in our microblading healing result. (initials) _____.

I confirm that I have received prior explanation of pre and post treatment care and I agree to follow the instructions for subsequent care and assume my responsibilities at any time that if I do not follow the indicated aftercare I may opt for adverse or undesired results as expected. such as complete loss of color, hyperpigmentation or infections, among others (initials) _____.

I understand that the taking of photos and videos of before and after the microblading/ softbrows treatment is part of said procedure since with this material we will be able to see and compare the later results, as well as understand that said material can be used as publicity in social media for purposes of marketing (initials) _____.

I certify that I have read and understood the topics described in the above paragraphs and have been explained to my best understanding, I accept responsibility and it is my decision to perform microblading/softbrows treatment and disclaim any liability to the body art artist and the facilities of any nonconformity and reaction that results in a future with my microblading treatment.
(initials)_____

Color used:_____

Client Signature:_____ Date:_____