

Microblading Consent Release Form

I acknowledge by signing this release form that I have been given the full opportunity to ask any and all questions I might have about obtaining a microblades from Mudwraps to Manicures. I acknowledge that all my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below, and I agree as follows:

- ___ I am not under the influence of alcohol or drugs.
- ___ For the purpose of documentation, I also consent to the taking of before and after photographs/videos of said procedure which become the sole property of Mudwraps to Manicures, and may or may not be used by Mudwraps to Manicures.
- ___ I do not have acne, freckles, moles, or sunburn in the area to be microbladed that might be agitated by the process (healing excluded).
- ___ I have looked over my design, checked the spelling if applicable, and give my full consent to the application of my microblading.
- ___ I acknowledge that I am free of communicable disease.
- ___ I acknowledge that I have truthfully represented to the associates, agents and representatives of Mudwraps to Manicures that I am over eighteen (18) years of age.
- ___ I acknowledge it is not reasonably possible for the associates, agents and representatives of Mudwraps to Manicures to determine whether I might have an allergic reaction to the dyes, pigments, or processes used in my microblading and I agree to accept that such risks are possible.
- ___ I acknowledge that infection is always possible as a result of obtaining microblading particularly in the event that I do not take proper care of my brows, and I have been advised of the signs and symptoms of infection that indicate a need to seek medical care.
- ___ I acknowledge receipt of written instructions advising me of proper care of my microblading and recognize the absolute necessity of following those written instructions. All questions about the microblading have been answered to my satisfaction.
- ___ I acknowledge that microblading is a semi-permanent change to my appearance and that no representations have been made to me as to the ability to later change, alter or remove my microblading.
- ___ I acknowledge that the obtaining of my microbkading is my choice alone and I consent to the application of the semi permanent pigment and to any actions or conduct of the associates, agents or representatives of Mudwraps to Manicures that are reasonable and necessary to perform the procedure.
- ___ I agree to release and forever discharge and forever hold harmless Mudwraps to Manicures and its associates, agents officers and share holders from any and all claims, damages, or legal actions arising from or connected in anyway with my microblade procedures and conduct used to apply my semi permanent pigment applied by Mudwraps to Manicures and its associates, agents and representatives in the future.
- ___ I acknowledge that there is a chance I might feel lightheaded, dizzy during or after being microbladed. I agree to immediately notify the aesthetician in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure.
- ___ I agree to follow all instructions concerning the care of my brows, and that any touch-ups needed because of my own negligence will be done at my own expense.

I, _____ have been fully informed of the risks of microblading including but not limited to infection, scarring, difficulties in detecting melanoma, and allergic reactions to the pigment, latex gloves, and antibiotics. Having been informed of the potential risks associated with getting a microblading, I still wish to proceed with microblading application and I assume any and all risks that may arise from the procedure.

Signature: _____ Date: _____

Procedure description: Semi-permanent eyebrow tattoo

Artist: _____