

WAIVER, RELEASE, AND CONSENT FORM

I am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated powder brows procedure. The procedure to be performed has been explained to me. Touch-up is included in the original price ONLY when performed within 8 weeks after the original procedure. Outside 8 weeks or if scheduled appointments are missed, an additional charge of \$200 will be incurred.

I accept the responsibility for determining the color, shape and position of the brows as agreed during consultation. I fully accept that non-toxic pigments are used during the procedure and that the result achieved may fade over a period of 1-3 years. Even once the color fades, pigment itself may stay in the skin indefinitely.

I have been informed that the highest standards of hygiene are met and that sterile, disposable needles and pigment containers are used for each individual client, procedure and visit.

I understand the result of the procedure can be affected by the following: medication, skin characteristics (dry, oily, sun-damaged thick or thin skin type), pH balance of your skin, lifestyle (tanning, sun exposure, exfoliating, daily skincare routines), and aftercare.

Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases, bruising may occur.

I have been advised that the true color will be seen 1 month after each procedure, and that the pigment may vary according to skin tones, skin type, age, and skin condition. I understand that some skin types accept pigment more readily and no guarantee on exact color can be given.

To my knowledge, I do not have any physical, mental or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time.

I agree to follow all pre and post-procedure instructions as provided and explained to me by Cynthia. Failure to do so may jeopardize my chances for a successful procedure.

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: allergic reaction, infection, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I release the technician from liability if I develop an allergic reaction to the pigment.

I fully understand this is a tattoo process and therefore not an exact science but an art. I understand that every effort will be made to avoid asymmetry but our faces are not symmetrical.

If I am unhappy with results, I will not slander **Cynthia Whaley (Cynthia's Skin Therapy)** in any online forum including but not limited to: Google, Yelp, Instagram, Facebook, and Twitter. I will contact Cynthia to allow her to work with me to find a solution.

I hereby consent to, and authorize the use by **Cynthia's Skin Therapy** of the specified powder brows photographs and/or video; that is, photographs taken before, during and after my powder brows procedure. It is understood that these photos may be used on the web site, social media accounts, and in-office for demonstrational and promotional purposes. I understand that I am not entitled to compensation for these photos being used.

By signing below, I certify that my initials above indicate I have read and understand the above paragraphs. I accept full responsibility for the decision to have this cosmetic semi-permanent pigmentation work done.

Print Name _____ Signature _____ Date _____