

Matthew Michael's Experience Cosmetic Tattooing Disclosure and Release Agreement

Please read and fill out this “Disclosure & Release Agreement” completely. Make 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 microblading procedure, after knowing the risks involved. This disclosure is 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 you understand the following completely:

_____ No food, drinks, or making/receiving phone calls are allowed in the procedure area. Minimal texting or email is permitted, 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 cosmetic tattooing (microblading) and that the final result cannot be guaranteed.

_____ There may be risk of infection, proper adherence to aftercare instructions minimizes this risk.

_____ 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 is considered semi-permanent and will fade with time.

_____ A tattoo 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.

_____ My service provider will not, under any circumstance, perform any procedures on me if I am known to have any allergies related to the pigments or products used.

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

_____ I understand that it is my responsibility to advise the service provider 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 release Matthew Michael's Experience 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 service provider 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:** _____

Procedure Date: _____

PLEASE CHOOSE:

_____ YES, I would like to give my consent for my before/after photos to be shown on social media

(Instagram/Facebook/Twitter/etc.) and in printed materials.

_____ NO, I would NOT like to give my consent for my before/after photos to be shown on social media

Service provider use only:

Blade lot number _____ Pigment choice and lot

number _____ Marker lot number _____