



**Microblading/Eyebrow Embroidery Consent Form p2**

- \_\_\_\_\_ I am the person on the legal ID presented as proof that I am of 18 years of age.
- \_\_\_\_\_ I am under the age of 18 years old and have the presence of my parent or guardian to receive cosmetic semi-permanent tattoo. (Underage clients only. N/A if not applicable).
- \_\_\_\_\_ I am not under the influence of alcohol or drugs and that I am voluntarily submitting myself to receive permanent makeup without duress or coercion.
- \_\_\_\_\_ I acknowledge that the information that I have provided in the medical questionnaire is complete and true to the best of my knowledge.
- \_\_\_\_\_ I understand the permanent nature of receiving permanent makeup and that removal can be expensive and may leave scars on the procedure site.
- \_\_\_\_\_ The permanent make up described and/or shown in the consultation is correctly placed to my specifications.
- \_\_\_\_\_ All questions about the permanent makeup procedure have been answered to my satisfaction, and I have been given written aftercare instructions for the procedure I am about to receive.
- \_\_\_\_\_ I agree to follow all pre/post care instructions concerning the care of my microbladed eyebrows, and that any touch ups needed due to my own negligence will be done at my own expense.
- \_\_\_\_\_ I understand the restrictions on physical activities, such as bathing, recreational water activities, gardening and contact with animals, and the durations of the restrictions.
- \_\_\_\_\_ I am aware that the Red Cross has suggested that you cannot give blood for 6 mos. following treatment.
- \_\_\_\_\_ I am aware that if I have an MRI that I am to notify my technician about my permanent make up.
- \_\_\_\_\_ I am aware that the signs and symptoms of infection, including, but not limited to: redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site.
- \_\_\_\_\_ I will seek professional medical attention if signs and symptoms of infection occur.
- \_\_\_\_\_ I understand that I might feel lightheaded or dizzy during my procedure. I agree to immediately notify the artist in the event I feel lightheaded, dizzy or faint.
- \_\_\_\_\_ I agree to release and forever discharge and forever hold harmless Kitto Katto Skincare LLC and its associates, agents, officers, and shareholders from any and all claims, damages, or legal actions arising from or connected in any way with my permanent make up/microblading or the procedures and conduct used to apply my permanent makeup and all permanent makeup applied by Kitto Katto Skincare LLC and its associates, agents and representatives in the future.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_