**The Brow Studio LLC**

**A Microblading and Permanent Cosmetics Studio**

**By Tiffany Boyd**

**Photo Release Consent Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant permission to **The Brow Studio** LLC

for the use of the photograph(s) or electronic media images in any presentation of any and all kind whatsoever, including social media, website and any other marketing material that may be deemed appropriate. I understand that I will not be compensated for these photos and that I may revoke this authorization at any time by notifying **The Brow Studio** LLC in writing.

The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them.They will be kept as long as they are relevant and after that time destroyed or archived.

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**The Brow Studio** LLC

**Consent for Permanent or Semi-Permanent Makeup Procedures**

Date Service Performed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of ID Provided:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*No person under the age of 18 shall receive a tattoo*

Microblading and permanent cosmetic services are considered to be a form of semi-permanent or permanent tattoo. These services are a medically invasive elective cosmetic procedure being that it penetrates the skin with a foreign object (microblade or permanent cosmetic needles and pigment). These procedures may cause allergic reactions in persons sensitive to dyes or metals used in ornamentation.

Permanent or semi-permanent cosmetic procedures may involve discomfort or pain. Numbing agents will be administered prior to and potentially during your procedure.

As with any invasive procedure there are certain risks or dangers involved, such as: pain, risk of infection, possibility of allergic reactions to any of the products used during your procedure.

Results and satisfaction are not guaranteed and refunds are not issued for services yielded.(initial)\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact (name and phone number):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am 18 years or older and am not under the influence of drugs or alcohol. If any unforeseen circumstances or conditions arise in the course of this procedure, I authorize Tiffany Boyd or associates of The Brow Studio to use their judgment as a permanent makeup professional for my benefit.

The permanent or semi-permanent cosmetics process has been explained to me and I understand the risks involved with my specific procedure. Initial \_\_\_\_\_\_\_\_\_

I hereby authorize Tiffany Boyd or associates of The Brow Studio to perform \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ procedure(s).

I fully understand and accept full responsibility for the outcome of this procedure(s).

I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL OF THE ABOVE AND GIVE MY FULL CONSENT TO THE PROCEDURE.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_Witnesess:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Brow Studio** LLC

**After Care Instructions**

*(Sign at the bottom that you have read and received these instructions, there is a copy for you to take home in your after care kit)*

Congratulations on your stunning new look! You’re going to want to take extra special care of your new look during the healing process in order to obtain the optimal results from your procedure.

Keep an eye on treated area in the hours following your session. You’ll want to wash your hands thoroughly with hot soap and water before touching them in order to minimize risk of infection. Once your hands are clean, adjust water temperature from hot to warm. Wash your brows gently with the warm water to dissolve any lymph that may be hardening and trying to form a scab. ***You will need to wash on the first night and the next morning specifically in order to reduce the risk of scabbing***. If you feel like they are starting to form a scab or crust, you may dab the treated area every 20 minutes and then wash every few hours on the first day of your procedure. Be careful to let your treated area dry completely prior to applying any of the ointment provided for you, and always remove the excess ointment. We do not want your treated area to stay saturated.

-Use the aftercare ointment provided in your aftercare kit to keep your new look moisturized (but not saturate). This will also help with any discomfort you may experience.

-Avoid any intense workouts or other activities that would result in excessive amounts of sweat or exposure to dirt/dust for a few days while your skin is healing. If you do become sweaty or dirty, simply clean the treated area with water, allow to dry and if needed apply a small amount of aftercare ointment.

Please note: the first day or two your treated area will appear much darker and possibly thicker than the healed results will look- ***be patient***! Once the first layer of skin starts to shed be careful not to pick at this in any way- just gently clean the treated area and apply a small amount of aftercare ointment if needed. By day 3-5 your treated area may appear disappointingly light in comparison to what you had hoped for, again ***be patient***! The surface layer of cells will shed, leaving the pigments lighter as the fresh layer of cells appear. Your pigments will resurface, the original tone of pigments we implanted should reappear as your cells regenerate.

AVOID:

-Soaps, cleansers or makeup removal products for 5 days.

-Applying makeup to the pigmented area for 10 days during the healing process.

-Rubbing the pigmented area or exfoliating in any way for the first full month.

-Scratching or picking away any “crust” on the pigmented area, doing so may result in *loss of pigment*.

Minimize exposure to direct sunlight and avoid swimming or saunas during the healing process.

Pigment retention can be optimized by using a daily moisturizer with an SPF in it and by avoiding the treated area when having any type of exfoliating done to your face (microderm, facial peels, scrubs, etc.).

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_