



WAIVER AND RELEASE FORM PERFECTING VISIT

_____ I authorize my service Professional, _____ (Professional Name/Business Name), herein referred
Initial to as "Professional" to perform the following procedure: Definition Brows Microblading by BrowSmith Microblading Co., herein referred to as "procedure". The risks of the cosmetic procedure I have chosen have been disclosed to me. It has been represented to me that no guarantees, warranties, promises, commitments or other statements as to the results of this treatment have been made, and I acknowledge that I have received no particular representations or guarantees, and I am consenting to the procedure at my own risk. I have revealed or disclosed on the Medical Profile form all conditions and circumstances regarding my health and health history, medications being taken and any past reactions to products used or medications taken. Additional conditions could occur or be discovered during or after the procedure, which could affect my ability to tolerate the procedure.

_____ I understand the success of my procedure process requires my careful maintenance. I understand that I must
Initial strictly adhere to all aftercare instructions.

_____ I, as herein signed, release, give up, acquit and discharge my Professional or anyone affiliated with the
Initial Professional or affiliated business, including but not limited to BrowSmith Microblading Co. from any claims or damages of any nature. I agree to pay any costs of legal services necessary to further effect or confirm said release. I further agree that this release shall be in contemplation of any possible damages, either known or unknown at the signing of this waiver and release form, and said damages are specifically waived following the signing of this waiver and release form. I further agree to hold my Professional nameless and harmless from any and all damages. I release my Professional from any responsibility for pre- existing conditions I have not revealed, or any consequential change to those conditions that arises subsequent to the procedure. I understand that I am responsible for any medical treatment I may need to receive as a result of getting this procedure. I accept full responsibility for these and any other complications, which may arise or result during or following the procedure, which is to be performed at my request.

_____ I, the client herein signed, certify that I have read and had explained to me and fully understand the above waiver
Initial and release form. I certify that I have been consulted with a Professional and have read all applicable literature given to me. I have completed the Medical Profile form to the best of my knowledge. I accept the explanation of potential complications and risks described herein. I certify I am of sound mind, and I am fully capable of executing this waiver and release form for myself. I, the undersigned client, acknowledge and fully understand that there might be other unknown risks not reasonably foreseeable at this time. I, the client herein signed, for the purposes of documentation, hereby consent to "before and after" photographs, which may or may not be used for the purposes of advertising.

_____ I, the client herein signed, certify that I have read and read and reviewed the Client Consultation and Medical
Initial Health Form I completed and signed dated _____ during my initial procedure. I certify the following are the changes to my Client Consultation and Medical Health Form: _____

Client Name Printed

Client Signature

Date

