

## MICROPIGMENTATION DISCLOSURE AND RELEASE AGREEMENT

Please read and fill out this "Disclosure & Release Agreement" completely, making 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 procedure, after knowing the risks and hazards involved. This disclosure is simply an effort to make you better informed so you may give, or withhold, your consent to the procedure.

Do you suffer from the following diseases or are you taking any of these medications?

Hemophilia?	Yes	No
Diabetes Type 1 or 2?	Yes	No
Skin Diseases?	Yes	No
Eczema?	Yes	No
Allergies?	Yes	No
Autoimmune diseases?	Yes	No
Are you prone to herpes?	Yes	No
Cardiovascular problems?	Yes	No
Are you taking medications for blood thinning?	Yes	No
Are you pregnant or breastfeeding?	Yes	No
Any problems with healing and wounds?	Yes	No
Have you consumed Drugs or Alcohol in the last 24 hrs?	Yes	No
Have you had Botox in the last 2 weeks?	Yes	No
Are you currently taking Fish Oils?	Yes	No
Are you prone to keloid scars?	Yes	No
Taking any oral retinoids such as Accutane?	Yes	No

Please read and INITIAL the statements below to indicate "I understand the following completely":

\_\_\_\_ I was presented a single use needle in a sterile and sealed package, that is to be used during the tattoo, and explained that only approved ink handling procedures would be used; and opened all single use needles that are to be used during the tattoo.

\_\_\_\_\_ There may be risk of infection if aftercare instructions are not followed.

\_\_\_\_\_ No warranty has been made to me as a result of this permanent makeup.

\_\_\_\_\_ Cosmetic tattooing will fade with time.

\_\_\_\_\_ I have reviewed the FAQ & Policies sections on [www.betterbrowsnyc.com](http://www.betterbrowsnyc.com) prior to my appointment, and I fully understand the information provided there, and have had any further questions I've had answered.

\_\_\_\_\_ I understand that I must inform my technician of any and all medication(s) I am currently taking.

\_\_\_\_\_ I do not currently take Accutane and/or have not taken for at least 12 months.

\_\_\_\_\_ I understand that I must inform my technician of any skin condition(s) I may have. (Psoriasis, Eczema, etc.)

\_\_\_\_\_ I release the studio 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 technician for any reason whatsoever.

\_\_\_\_\_ 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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE CHOOSE:

\_\_\_\_\_ YES, I would like to give my consent for my before/after photos to be shown on social media and in printed materials. (You will not be tagged in the photo.)

\_\_\_\_\_ NO, I would NOT like to give my consent for my before/after photos to be shown on social media and in printed materials.

TECHNICIAN SIGNATURE

\_\_\_\_\_