

CONSENT AGREEMENT FOR EYEBROW LAMINATION AND/OR TINT AND/OR SHAPING

CLIENT INFORMATION

FIRST NAME _____ LAST NAME _____

PHONE NUMBER _____ EMAIL _____

ADDRESS _____ CITY _____ PROV _____

EMERGENCY CONTACT NAME _____
AND PHONE NUMBER _____

Please read each statement carefully and circle YES or NO:

YES/NO I am over the age of 18

YES/NO I am pregnant or breastfeeding

YES/NO This is my first time trying brow lamination and/or tint

YES/NO/N.A. I have had a previous reaction to the same or similar service (such as lash lift, lash extension, brow henna, brow stain) (If applicable)

YES/NO I have had the same or similar service done to my brows within the last 8 weeks: _____

YES/NO I am currently using Accutane or other prescription skin care product

YES/NO Any allergies? If yes, please list below

YES/NO Any medical conditions? If yes, please list below including medications:

The following conditions are contraindications and brow lamination and tint should not be performed.

Please check all that apply:

- | | |
|---|---|
| ☐ Eczema | ☐ Alopecia |
| ☐ Dermatitis | ☐ Hypersensitive skin/eyes |
| ☐ Psoriasis | ☐ Trichotillomania |
| ☐ Open wound/sore in brow | ☐ Accutane, Doxycycline, prescription skincare |
| ☐ Conjunctivitis (pink eye) | ☐ Vitamin C, Glycolic acid, other acid-base skincare |
| ☐ Chemotherapy | ☐ Anti-aging creams |
| ☐ Lamination done less than 8 weeks ago | ☐ AHAs or BHAs |
| ☐ PMU brows done less than 4 weeks ago | ☐ Retinoids (Retin-A) |
| ☐ Botox or fillers less than 2 weeks ago | ☐ Steroid or cortisone creams |
| ☐ Brow henna less than 48 hours ago | ☐ Pregnant or Nursing |

The alternative is to not undergo the brow lamination/tint/shaping treatment and use cosmetics.

I acknowledge that all of the above information is true and accurate.

Signature _____ **Date:** _____

Patch Test (Optional)

In some cases, if allergy, sensitivity, or reaction is a concern, a patch test may be performed first. After 24 hours if there is no reaction, then we can go forward with the full appointment.

Would you like to perform a patch test first? YES / NO

Release Agreement

I, _____, am over the age of 18, am not under the influence of drugs or alcohol, and desire to have the voluntary treatment of eyebrow lamination and/or tint performed.

_____ The general nature of the procedure has been explained to me

_____ It is my responsibility to advise the technician of any concerns I may have before participating as a client/customer and having the service performed on me, even though I may have written it down in this release.

_____ I have read and accepted the following risks:

- During the treatment, despite all precautionary measures, injury is possible. I will not hold Ashley Rubis responsible in any way for any damages or issues that may arise as a result of having the brow lamination procedure performed on me.
- Despite applications of the most advanced and top ingredients in allergic reaction is possible
- The minimum or maximum duration of the lamination/tint from the procedure cannot be determined with full certainty
- Ashley Rubis will not be liable for any damages caused to me or my eyebrows in any way caused by any reason including allergic reaction, reaction to previous procedures such as henna/brow tint on the brow hair, skin sensitivity, and my failure to follow the brow lamination aftercare instructions.

_____ I understand that no warranty or guarantee has been made to me as a result of the brow lamination/tint/shaping technique, and that the final results cannot be guaranteed as each skin type is unique.

_____ I hereby consent to and authorize Ashley Rubis to use the specified lamination photographs and/or video; that is, photographs taken before, during, and after my lamination procedure.

_____ I hereby release Ashley Rubis from any and all liability and agree to not raise any claims or institute any legal action against Ashley Rubis based upon any cause of action in my favour that arises out of or in connection with my voluntary treatment. This release is for any and all liability for personal injuries or damage occasioned by, or in connection with the technician Ashley Rubis, FLAWLESS EDGE.

_____ I understand the cost associated with the brow lamination, tinting, and shaping treatments and understand that the service is non-refundable.

CLIENT NAME (PRINTED): _____ **DATE:** _____

CLIENT SIGNATURE: _____ **DATE:** _____