

DISCLOSURE & RELEASE AGREEMENT

FOR MICROBLADING / MICROSHADING / OMBRE POWDER BROWS

Please read and fill out this „Disclosure & Release Agreement“ completely, making certain that you understand all information provided, and that your information is correct.

BETWEEN:

BONABROW
1789 Amsterdam Avenue
10031 Manhattan, New York
Phone: +1 917 497 2721

AND

_____ Full Name
_____ Address
_____ City
_____ Country
_____ Phone / Email

1.HEALTH CONDITION QUESTIONNAIRE

In order to perform the eyebrow treatment in a safe manner, please answer the following health questions truthfully. Do you suffer from the following diseases or are you taking any of these medications?

- Hemophilia YES NO
- Diabetes mellitus (diabetes) YES NO
- Hepatitis A, B, C, D, E, F YES NO
- HIV + YES NO
- Skin diseases YES NO
- Eczema YES NO
- Allergies YES NO
- Autoimmune diseases YES NO
- Are you prone to herpes? YES NO
- Infectious diseases/ high fever YES NO
- Epilepsy YES NO



- | | | |
|---|---------------------------|--------------------------|
| Cardiovascular problems | <input type="radio"/> YES | <input type="radio"/> NO |
| Are you taking medication for | | |
| Blood thinning? | <input type="radio"/> YES | <input type="radio"/> NO |
| Are you pregnant? | <input type="radio"/> YES | <input type="radio"/> NO |
| Are you breast feeding? | <input type="radio"/> YES | <input type="radio"/> NO |
| Are you taking any medications | | |
| daily basis? | <input type="radio"/> YES | <input type="radio"/> NO |
| Do you have a pacemaker? | <input type="radio"/> YES | <input type="radio"/> NO |
| Do you have problems with healing | | |
| of wounds? | <input type="radio"/> YES | <input type="radio"/> NO |
| Have you consumed drugs or alcohol | | |
| in the last 24 hours? | <input type="radio"/> YES | <input type="radio"/> NO |
| Did you in the last 14 days undergo | | |
| surgery, were you exposed to radiation | | |
| or had any other medical interventions? | <input type="radio"/> YES | <input type="radio"/> NO |

This information is confidential and it shall be handled in such manner. It will not be shared with third party. By signing this document, you accept to receive information from the Artist by-email.

2.CONTRACTUAL OBLIGATIONS

I agree on photo taking and using the photos for advertising purposes.

YES NO

3.WARRANTY

Artist accepts liability in compliance with the legal measures and regulations in the case of negligence or carelessness or intentionally or negligently caused injuries or threat to life, body and health. Contracting parties are liable for violations or the obligations specified under the Agreement.

4.EXPLANATION

The client is informed in detail by Artist about specific risks of eyebrow treatment using microblading or ombre powder brow technique. The following risks are specifically explained tot the client: During the treatment, despite the staff expertise and all the precautionary measures, the injury is possible. Despite the application oft he most advanced and the top quality pigments, allergic reaction is possible but rare. The client is informed about this and he/she assumes liability. During and after the treatment temporary swelling, redness and/or



itching may occur. Experience tells us that these symptoms are temporary. Depending on the skin structure after the first treatment small scabs with a loss of drawn hairs may occur and color intensity may change. In the first 7-14 days eyebrows are up to 40% darker and 10-15% thicker. Color i.e. color reflection depends on the natural skin pigment. When black skin is injured or diseased, as it is healing, the melanocytes do one of two things: Hyper pigment—The skin will produce more melanin, creating darker pigmentation areas. The shape is determined according to the face proportions. Symmetry is determined digitally, with closed eyes because of the negative impact of facial expression. The pigment is absorbed differently due to the differences in the skin quality, thus there is no warranty for the treatment success. Depending on the skin structure, it should be noted that change in the color intensity is possible and that one or more additional treatments will be required. The minimum or maximum duration of eyebrow drawing treatment cannot be determined with certainty, nor can a warranty be given on performed treatment. The first correction is done four weeks after the treatment. For oily skin it is necessary to perform more corrections. Permanent make-up always leads to the skin injury. Therefore, it is important to carefully and gently nurture your skin after the treatment to allow healing without complications. Inadequate care in the healing phase of the skin can lead to poor results and Artist cannot be liable for it.

In the next seven days the client is required to pay attention to the following: Half an hour after the end of the treatment eyebrows should be thoroughly rinsed with lukewarm water, and then a thin layer of „Skin Candy After Care Balm“ should be applied. This procedure should be repeated every hour, at least 5 times a day to prevent scab formation. For post-treatment care use only cream provided by Artist. Please do not use any other creams except the ones provided to you in order to prevent possible infections or allergic reactions. In the first two weeks after the treatment avoid public bathing, sunbathing, tanning salon, sauna, beauty treatments and intense training accompanied by sweating (sport activities), contact with the dust (household chores, etc.) Artist is not liable in case of improper post-treatment care. For further details about post-treatment care please visit my website:

www.bona-brow.com

5.COMPETENCE

- I confirm that I have read and understood the aforementioned information. YES NO
- I received a clear and understandable response to all my clients. YES NO
- The treatment procedure and post-treatment care was explained to me in detail and I agree with it. YES NO
- I do not have any further questions and complaints. YES NO

DATE

Client's signature

DATE

Artist's signature

