

Release Waiver

The following should be reviewed prior to booking. You will be asked to sign this consent/release waiver form at your appointment.

- I am over the age of sixteen and that I have truthfully represented to my technician that undergoing this procedure is by my choice alone.
- If I have taken Tylenol (acetaminophen) and/or allergy-relief (antihistamines) medications, 1-2 hours before the procedure; this is by my choice alone and I accept the risk that these may interact with a pre-existing medical condition (such as severe liver disease) and/or other medications that I may be taking.
- I acknowledge that if I have any medical condition(s), I will need a medical note from my doctor
- I do not have sensitivities to dyes or local anesthetics. I acknowledge that I may have an allergic reaction to the pigments or anaesthetic cream used and I accept the risk that such a reaction is possible. If I am taking medications and/or have a medical condition that may interact with the pigments or anaesthetic cream (5% lidocaine) it is my responsibility to consult with my doctor prior to booking an appointment.
- Infection is always possible as a result of the procedure, particularly in the event that I do not follow the proper care following the procedure, and that I will not hold the Microblading Technician and/or Vancouver Brow Bar liable for complications related to this. We only use disposable, one-time-use, and sterile microblades. The treated eyebrow area will be disinfected with 70% isopropyl alcohol and benzalkonium chloride. All equipment are either one-time-use disposables or sanitized with hospital-grade disinfectant (PREempt: 3 minute virucide, bactericide, fungicide, and 30 second broad sanitizing efficacy)
- I acknowledge that it is not recommended to have someone in the room with me during my appointment. My guest(s) and I may choose to accept the risk of blood borne pathogens. Please note that due to the risk of blood borne pathogens – eating, drinking, applying cosmetics, applying lip balms, handling contact lenses are strictly prohibited in the

room

- Furthermore, I state that
 - I am not diabetic
 - I am not pregnant or nursing/breastfeeding
 - I do not have hemophilia (or other types of blood/clotting disorders)
 - I am not allergic to Red Lake #5, nickel, and iron oxides
 - I do not test positive for HIV or Hepatitis viruses
 - I have not had Botox treatment for the past 3 months
 - I have not had filler injections for the past 6 months
 - I have not had any chemical peels for the past 6 months
 - I have not had chemotherapy for the past 6 months
 - I have not had Accutane in the past year
 - I do not have problem healing from small wounds
 - I do not have a history of keloids or hypertrophic scarring or facial psoriasis or moles at procedure area
 - I do not have a history of epilepsy
 - I do not have a history of pacemaker, heart conditions, and uncontrolled high blood pressure
 - I do not have any treatment, medication, or illness that compromises the immune system (auto-immune disorders)
 - I am not under the influence of alcohol or recreational drugs.
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- I have informed the Technician of any medication I am currently using, which may affect blood coagulation during the procedure, these include:
 - Blood thinners
 - Blood pressure medications
 - Diuretics

- Painkillers
- Tranquilizers
- Dermatological Medications (Accutane)
- Sleeping pills
- Chemical peels
- Hormone replacements
- Antibiotics
- Immune Suppressants