

| l, | , have agreed to receive service provided by |
|-----------|--|
| Shana R | . Bowman of Beauty Brows & Beyond, LLC ("BBB LLC") in which she will apply semi-permanent or permanent |
| makeup | to my eyebrows using a Microblading technique. The agreed upon fee for service is \$ |
| SECTION | 1: ACKNOWLEDGMENTS AND AGREEMENTS |
| Please ir | nitial before each statement to accept your acknowledgement and agreement to the following: |
| | That I have been given a copy of this Consent and Liability Release (the "Release") prior to the |
| | Microblading technique being performed on me. |
| | That I have received a copy of the Microblading Aftercare Instructions. |
| | That it is my responsibility to advise Shana R. Bowman of any concerns I may have before receipt of this |
| | service, even though I may have written it down in this Release. |
| | That I have read and accepted the risks set forth in Section 2. I have been given the opportunity to ask |
| | questions, either by written or verbal communication, prior to signing this Release. As a result, I have sufficient information to give this informed consent. |
| | That Shana R. Bowman will explain and perform the application of semi-permanent or permanent |
| | make-up on my eyebrows using the Microblading technique. |
| | That I must complete the Health Questionnaire in Section 3 before I can receive the service. I understand |
| | this service may be refused depending upon my responses and contraindications, including but not limited to, if I am pregnant or if I have any allergies. |
| | That if I would like to have any touch ups done by Shana R. Bowman, I will need to go where she is |
| | located. |
| | That no warranty or guarantee has been made to me as a result of this Microblading technique, and that |
| | the final result cannot be guaranteed. |



SECTION 2: RISKS

I acknowledge and accept the following risks:

- 1. During the treatment, despite all precautionary measures, injury is possible.
- 2. Despite application of the most advanced and top quality pigments, an allergic reaction is possible.
- 3. Any skin treatment applying semi-permanent or permanent make-up carries with it a possible adverse change that may not be correctable.
- 4. During and after the treatment, temporary pain, infection, scarring, swelling, redness and/or itching may occur.
- 5. Depending on the skin structure, after the first treatment small scabs with a loss of drawn hairs may occur and color intensity may change. Generally, eyebrows are up to 40% darker and 10-15% thicker in the first seven days. Color i.e. color reflection depends on the natural skin pigment.
- 6. The shape of the eyebrows is determined according to my face proportions. I understand that symmetry is determined digitally, with closed eyes because of the negative impact of facial expression.
- 7. The pigment is absorbed differently due to differences in the skin quality, and therefore there may be inconsistent color, spreading, or fanning of pigments.
- 8. Depending on the skin structure, change in the color intensity is possible and one or more additional treatments will be required. The first correction is done four weeks after the treatment. For oily skin it may be necessary to perform more corrections.
- 9. The minimum or maximum duration of eyebrow drawing cannot be determined with certainty.
- 10. Application of permanent make-up leads to skin injury and it is important to carefully and gently nurture the skin after the treatment to allow for healing without complications. Inadequate care in the healing phase of the skin can lead to poor results. I will therefore strictly adhere to the Microblading. Aftercare Instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. Shana Bowman and the Academy will not liable for my failure to follow the Microblading Aftercare Instructions.
- 11. As part of the aftercare, within a half hour of completing the procedure, I will thoroughly rinse my eyebrows with lukewarm water and apply a thin layer of aftercare. I will repeat this step several times a day to prevent scab formation. I will only use the provided or recommended aftercare.
- 12. In the first two weeks after the procedure, I will avoid swimming, sunbathing, tanning salons, saunas, beauty treatments, training or other sports or physical activity accompanied by sweating, and contact with dust (e.g. household chores).





SECTION 3: MEDICAL HISTORY FORM/HEALTH QUESTIONNAIRE

| Date Birtl | n Date | Age | DL or ID# | | Name: |
|--------------------------|--------|------|-----------|---------|-------|
| Address: | | City | State | Zip | |
| Phone # | Email | | | | |
| Emergency contact person | | | Phone# | | |

| Have you had any of the following procedures, suffer from the following diseases/conditions, or are taking any of these medications? (Circle YES or NO) | | | | |
|---|---|--------|--|--|
| YES/NO | Easy bleeding | YES/NO | Are you taking any medications on | |
| YES/NO | Do you have problems with healing of wounds? | YES/NO | daily basis? Allergies | |
| YES/NO YES/NO | Are you taking medication for blood thinning (anticoagulants: Aspirin, Ibuprofen, Alcohol, and Coumadin)? Diabetes mellitus (diabetes) | YES/NO | Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl alcohol, Carbopol, Lecithin, Propylene glycol, Vitamin E Acetate, etc. | |
| YES/NO | Skin diseases | YES/NO | Accutane or Acne treatment | |
| YES/NO | Eczema | YES/NO | Brow or Lash Tinting | |
| YES/NO | Infectious diseases / high fever | YES/NO | Oily skin | |
| YES/NO | Are you prone to cold sores? | YES/NO | Are you pregnant? | |
| YES/NO | HIV + | YES/NO | Have you consumed drugs or alcohol in the last 24 hours? | |
| YES/NO | Autoimmune diseases | YES/NO | Did you in the last 14 days undergo | |
| YES/NO | Hepatitis A, B, C, D, E, F | | surgery, in which you were you exposed to radiation, or any other | |
| YES/NO | Epilepsy | | medical interventions? | |
| YES/NO | Cardiovascular problems/Pacemaker | YES/NO | Tan by booth or sun | |
| YES/NO | Cancer year | YES/NO | Forehead/Brow/Face lift | |
| YES/NO | Chemotherapy/Radiation | | | |
| YES/NO | Pregnant now/ Breast feeding now | | | |



SECTION 4: USE OF LIKENESS AND RELEASE

By receiving this service, I permit, authorize, and license Shana R. Bowman, and Beauty Brows & Beyond, LLC and their employees, officers, directors, and agents of each and all of them ("Authorized Persons"), to display, publicly perform, exhibit, transmit, broadcast, reproduce, record, photograph, digitize, modify, alter, edit, adapt, create derivative works, exploit, sell, rent, license, otherwise use, and permit others to use my image, likeness, and appearance, and all materials created by or on behalf of my participation that incorporates any of the foregoing ("Materials") on a perpetual basis throughout the world and in any medium or format whatsoever now existing or hereafter created for publicity, advertising, and marketing purposes, and for any purpose they deem reasonably appropriate, without further consent from or royalty, payment, or other compensation to me. I agree that all right, title and interest in and to all such Materials is the exclusive property of the Authorized Persons. I understand that the Authorized Persons may keep or use the Materials now and in the future. I understand that although the Authorized Persons will endeavor to use my image, likeness, and appearance in accordance with standards of good judgment, they cannot warrant or guarantee that any further dissemination of my image, likeness, and appearance will be subject to their supervision or control. Accordingly, I release the Authorized Persons from all liability or responsibility that may arise from the acts that I have authorized or consented to in this Section.

SECTION 5: GENERAL RELEASE AND WAIVER

I recognize and acknowledge that there are certain risks of personal injury or property damage related to my receipt of service, and I voluntarily agree to fully assume all of these risks, regardless of severity, that I may sustain as a result of participating in any and all activities connected with or associated with the application by a student in the training course of semi-permanent or permanent makeup to my eyebrows using the Microblading technique, including, but not limited to, injuries, damages and losses arising out of negligent supervision, tort, contract, products, or any other theory of recovery.

I, myself and my heirs, assigns, personal representatives, and next of kin, expressly waive and release any and all claims, now known or hereafter known, against Shana R. Bowman, Beauty Brows & Beyond LLC, and their employees, officers, directors, and agents of each and all of them (collectively, "Releasees"), on account of personal injury or property damage arising out of or attributable to my receipt of service, whether arising out of the negligence of any Releasees or otherwise. I agree not to make or bring any such claim against any Releasee, and forever release and discharge all Releasees from liability under such claims. All matters arising out of or relating to this waiver and release shall be governed by and construed in accordance with the internal laws of the Commonwealth of Virginia without giving effect to any choice or conflict of law provision or rule (whether of the Commonwealth of Virginia or any other jurisdiction). Any claim or cause of action arising under this waiver and release may be brought only in the federal and state courts located in the Commonwealth of Virginia and I consent to the exclusive jurisdiction of such courts. I understand that this waiver and release is intended to be as broad and inclusive as permitted by law and that if any portion hereof is held invalid, I agree that the balance shall continue in full legal force and effect. I further agree that if this waiver and release is not valid as such in the Commonwealth of Virginia, it shall be construed as a covenant not to sue.

| I AM SIGNING THIS WAIVER AND RELEASE VOLUNTARILY. I HAVE READ THIS WAIVER AND RELEASE AND ALL TH | E |
|--|---|
| ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. | |

| Signature: | | | |
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| Vianatiira: | | | |
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Microblading Aftercare Instructions

Following these instructions after your Microblading session is essential for beautiful, lasting results:

- Day One (day of the treatment): PhiBrows Aftercare has been applied to your brows. Do nothing to your brows for 24 hours.
- Day Two Nine: Gently clean your brows and dab dry. Apply the supplied aftercare (Skin Candy/Aquaphor/Curad, A&D) to your eyebrows several times a day. If your brows feel itchy, it is time to reapply! Apply aftercare with a cotton swab and use no aggressive movement or manipulation of the skin. Make sure your hands are completely clean before caring for your eyebrows. Around Day Three when the scab starts to appear, do not wipe, only dab till dry. You must be gentle so that you do not pull off the scabs prematurely. Keep out of the sun for seven days, then after seven days, wear sunscreen to aid in the longevity of your tattoo.

Before showering apply a layer of aftercare to protect your eyebrows from moisture. During the shower keep your face away from the showerhead. Itching and flaking may appear during the first seven days post Microblading procedure, however, experience has shown that these symptoms can be reduced by following these aftercare instructions.

The healing of deeper wounds might last between 14-21 days. Touchups and/or correction of the shape/design is recommended only after this period. If the skin around the eyebrows breaks out in a heat rash, small pimples, this is usually a reaction to the numbing solution and should go away by itself in a couple weeks, don't pick. **Please call immediately** if this occurs so that I (Shana R. Bowman) can make note of the reaction and follow up to ensure this is not a more serious situation. If you have any unexpected problems with the healing of the skin, you must contact me immediately at (571) 549-1177 to discuss further instructions.

The following must be AVOIDED during all nine days post-Microblading procedure:

- Increased sweating
- Practicing or playing sports
- Avoid swimming for 14 days!
- Hot sauna, hot bath or Jacuzzi
- Sun tanning or salon tanning
- Any laser or chemical treatments or peelings, and/or any creams containing Retin-A or Glycolic Acid on the face or neck
- Picking, peeling or scratching of the epithelial crust/micropigmented area in order to avoid scarring of the area or removal of the pigment
- Performing tasks related to heavy household cleaning where there is a lot of airborne debris (e.g. garage or basement cleaning)
- Spicy foods
- Smoking





Microblading Aftercare Instructions

- Drinking alcohol in excess as it may lead to slow healing of wounds
- Driving in open air vehicles such as convertibles, boats, bicycles or motorcycles
- Touching of the eyebrow area except for when rinsing and applying the aftercare with a cotton swab
- Do not dye or tweeze eyebrows for one week after the procedure
- Do not use any makeup on the brows for at least 5 days

FAILURE TO FOLLOW AFTER-CARE INSTRUCTIONS MAY RESULT IN INFECTIONS, PIGMENT LOSS OR DISCOLORATION.

What to expect after your Microblading session

Your new temporary eyebrows will go through several phases during the healing cycle. The pigment will appear very sharp and dark immediately after the procedure. This is because the pigment is still sitting on top of your skin and has not yet settled in completely. The color of the pigment will soften gradually. Do not be alarmed if you see some pigment in the cotton swab as this is excess pigment and/or body fluid that is naturally exiting your skin. Once the healing of the skin starts taking place it will look like dandruff flakes or dry skin. This might give you the impression that the color pigment is fading too quickly, however, this is just superficial color and dry skin being naturally removed from your eyebrows. After the procedure has completely healed, you may go back to your regular cleansing and makeup routine, but avoid scrubbing the area. You will want to always apply a layer of sunscreen, SPF 30 up to SPF 50, in your eyebrows when exposed to the sun. Sun exposure might cause the color pigment to fade away more quickly. You can now enjoy your beautiful new eyebrows. You will simply love your new gorgeous fresh look!

When will I need a touch up?

The pigment is semi-permanent and will fade over time and will likely need to be touched-up within six months to one year depending upon your skin, medications, and sun exposure. The first complimentary touch up is recommended within 30 days after the first session, and is included in the initial treatment cost. To keep the brows looking fresh and beautiful, touch ups are recommended every 6 months to 1 year. Future touch up sessions will cost the current touch up rate at the time you have it done. *If most of the hair strokes have faded, the entire procedure will need to be repeated.* An email photo consultation may be necessary to determine if you need a touch up or a repeat of the entire procedure.

