

Model Release and Waiver Form

New Beginnings Day Spa



I, _____ hereby acknowledge and agree to the following terms and conditions for receiving services from New Beginnings Day Spa:

I understand that I will receive the following treatment(s):

- Microblading Ombre Brows Lip Blushing PMU Eyeliner Full Body Waxing
- Eyelash extensions Brow Tinting Brow Shaping / waxing Brow Henna Brow Laminating
- Makeup Application Microblading and Shading Holistic Facial BB Glow / Mesotherapy
- Dermaplaning Microdermabrasion Manicure Pedicure

I acknowledge that my treatment will be performed by a student under the supervision of a Master Trainer/Facilitator and Certified Instructor. I also understand that some treatments require touch ups to achieve best results and I have been advised of the touch up time frames. _____

I confirm that I have reviewed and understood the contraindications listed on the back of this form, and I certify that I do not have any of these contraindications that may affect my eligibility for the selected treatment(s) and I am fully aware of the potential risks, benefits, and complications associated with the treatment I am having done. I have had the opportunity to ask questions and seek clarifications about the procedures. _____

I consent to photographs being taken before, during, and after the treatment. These photographs will be used for educational purposes and may include my face, treatment areas, and results. _____

I release New Beginnings Day Spa, its instructors, and students from any liability or responsibility for any adverse reactions or complications that may arise as a result of the treatment and agree to follow the aftercare instructions provided to me which are essential for the success of the treatment. _____

I have disclosed that I am currently taking any of these medications [blood thinners, sleeping pills, blood pressure meds, recent chemical peels, diuretics, hormone replacements, painkillers [other than Tylenol], antibiotics, tranquilizers, immune suppressants, dermatological medications [Accutane] as they may affect blood coagulation during the treatment. _____

I am not intoxicated or under the influence of any drugs or alcohol. _____

That this form was signed prior to the treatment being performed and that a preliminary pre-draw was performed [where applicable] and that I was explained the process of the treatment, and I am aware that results vary from client to client. _____

I acknowledge that I will arrive on time for the scheduled appointment located at #76-8487 HWY 97, Oliver BC [Country Pines Park] with clean and makeup-free skin (if applicable). I will be cooperative and be patient during the treatment process. I have read and understood the content of this waiver and release, and I am 19 years or older, and I agree to its terms without any reservation. I have received a copy of this document for my records. _____

Model's Full Name: _____ Model's Signature: _____

Student's Full Name: _____ Student's Signature: _____

Date: _____ **Witnessed by Instructor:** _____

New Beginnings Day Spa reserves the right to refuse service to any model for any reason. *[This document is subject to change, and any updates will be communicated to the model.]*



Contraindications, potential risks, benefits, and complications associated with the treatments:

Contraindications:

1. Pregnancy or nursing.
2. Allergies to makeup or pigments, Red Dye #5, nickel.
3. Skin conditions such as eczema, psoriasis, or dermatitis in the treatment area.
4. Blood-thinning medications or bleeding disorders.
5. Active cold sores or herpes simplex in the treatment area.
6. Recent use of Accutane (within the last six months).
7. History of keloid or hypertrophic scarring.
8. Autoimmune disorders, such as lupus or rheumatoid arthritis.
9. Diabetic or hemophilia (consultation with a healthcare provider may be required).
10. Cancer or history of radiation or chemotherapy.
11. Hemophilia or other bleeding disorders.
12. Epilepsy or a history of seizures.
13. Fillers in the area being treated in the last 6 months / Botox in the last 2 months
14. Allergies to lidocaine or benzocaine numbing cream

Potential Risks:

1. Pain or discomfort during the procedure.
2. Swelling, redness, bruising and bleeding in the treated area.
3. Allergic reactions to pigments or topical anesthetics.
4. Infection, although rare if proper hygiene is maintained.
5. Uneven or patchy pigmentation results.
6. Color changes or fading over time.
7. Scarring in the treatment area.
8. Unsatisfactory aesthetic results.

Complications:

1. Infection: In rare cases, bacterial or viral infections may occur if proper hygiene is not maintained.
2. Allergic Reactions: Allergic reactions to pigments or topical anesthetics may lead to itching, swelling, or redness.
3. Asymmetry: Achieving perfect symmetry can be challenging, and slight differences may occur between the treated areas.
4. Color Changes: Pigments may fade or change color over time due to factors like sun exposure or skin tone.
5. Scarring: Excessive scarring is rare but can occur if the skin does not heal properly.
6. Unsatisfactory Results: While most clients achieve their desired look, there is a risk of not achieving the expected outcome.

These considerations help ensure that esthetic procedures are conducted safely and with realistic expectations, and they guide both estheticians and clients in making informed decisions regarding their cosmetic treatments.