

# Consent and Release Agreement for Microneedling



I hereby authorize \_\_\_\_\_ to perform microneedling therapy (Collagen Induction Therapy).

Please read and initial each of the statements below:

\_\_\_\_\_ I certify I am over the age of 18.

\_\_\_\_\_ I understand that this procedure is purely elective.

\_\_\_\_\_ I understand that this skin treatment involves micro needles that create invisible, vertical micro perforations into the epidermis and the top layer of the dermis, resulting in the natural repair mechanism of the skin to start producing collagen and elastin to repair the microperforations and it may take multiple treatments to achieve desired effects.

\_\_\_\_\_ I understand that there is a certain level of discomfort associated with the procedure and that each person has their own threshold level for discomfort. Upon consent, my technician may apply topical anesthetics to alleviate discomfort.

\_\_\_\_\_ I understand there is a small chance of an allergic reaction to topical anesthetics.

\_\_\_\_\_ I have been informed of the nature, risks, and possible complications, and consequences of microneedling. I understand the microneedling procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: temporary minor bleeding, bruising of skin surfaces, swelling, redness, irritation, itching, mild burning similar to a sunburn within 72 hours of treatment, temporary and in some cases permanent discoloration such as hyperpigmentation and hypopigmentation, scabbing that can take 7 to 30 days to heal, millia, acne, herpes simplex outbreak (cold sores), infection, and/or scarring.

\_\_\_\_\_ I certify that I am not under the influence of drugs or alcohol, I am not pregnant or nursing, I have not had recent facial peels or surgery, allergies, skin cancer, uncontrolled diabetes, Lupus, diagnosed keloid scarring, or tendencies to develop cold sores and fever blisters.

\_\_\_\_\_ I understand there are no guarantees as to the results of this treatment due to many variables, such as age, condition of the skin, sun damage, smoking, drinking, climate, etc.

\_\_\_\_\_ I understand that my technician only utilizes sterilized, disposable equipment to minimize the risk of infection or contamination and that my technician has received training in appropriate sanitation and hygiene techniques prior to performing any procedures. While the risk of infection from our procedures is extremely small, the possibility of such an occurrence cannot be totally prevented. Accordingly, I understand and accept the risk and release my technician and the spa from any and all liability related to the subject procedure, except instances involving gross negligence.

\_\_\_\_\_ If I have any signs and symptoms of infections I will seek medical care. Signs of infection include but are not limited to redness, swelling, tenderness of the procedure site, a red streak going from the procedure site towards the heart, elevated temperature, or drainage from the procedure site

\_\_\_\_\_ I grant permission to \_\_\_\_\_, to take and use: photographs and/or digital images of me for use in news releases, educational materials and/or social media platforms including but not limited to Instagram, Facebook, Twitter, Tic Toc, and Pinterest.

\_\_\_\_\_ If a dispute arises out of or relates to this contract, or the alleged breach thereof, and if the dispute is not settled through negotiation, the parties agree first to try in good faith to settle the dispute by mediation within 30 days before resorting to arbitration, litigation, or some other dispute resolution procedure.

\_\_\_\_\_ I have received pre and post-care instructions and I agree to follow them to the best of my ability. I understand that my failure to follow the pre and post care instructions may negatively affect my final result.

## By signing below, I agree to the following:

I have read or have had read to me the contents of this whole form. I understand the benefits and risks and alternatives involved in this procedure and I have had the opportunity to ask questions and all of my questions have been answered. I accept full responsibility for the decision to have the microneedling procedure done and understand that there is a no refund policy. I acknowledge that I have reviewed and approved the material given to me.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Technician Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date