



Student Agreement Form

I agree to receive a 2-day intensive training from KatasticFaces Microblading Training Course for the following course (check applicable course):

- Advanced PMU Machine Microblading & Microshading (3-technique): \$1,700
- Ombre Powder Brow: \$1,500
- Basic - Manual Microblading & Microshading (2-technique): \$1,450

I understand that this 2-day course is intensive training, to cover all of the following:

- History of Microblading
- Face Shapes and Ratios
- Eyebrow Shapes and Patterns
- Mapping/Shaping
- Color Theory
- Skin Types
- Tool Technique
- Differences in microneedles and microblading needles
- Contraindications
- Best Type of Microblading Clients
- Types of Pigment
- Regulations, Guidelines, and Licensing
- Microblading Equipment and Materials
- Consent Forms
- Marketing

With proper notice, KatasticFaces Microblading Training reserves the right to change the class date, if deemed necessary. A deposit of half down is required immediately to reserve my seat on the set date and time. I understand that the deposit and payment to reserve my seat is refundable only up to 14 days prior to my class date. The full balance must be paid in full 5 days prior to the start of the 1st day of class. With proper notice, I understand if I am unable to attend the course registered, I can reschedule for the same course at another scheduled date up to 14 days prior to my class date. If I reschedule, within 14 days, I will be assessed a \$150 rescheduling fee. I agree to not record, copy, distribute, disclose or resell any training material received from KatasticFaces Microblading Training Course. I consent to the recording of my image (photos, video, and digital recordings) and the result of my work at any stage of the training and give KatasticFaces the right to use on Facebook, Instagram, or any social media platform or website for business purposes. I understand that I may be required to bring a live model and perform a microblading procedure on my model. If I wish to not participate, I will provide advanced notice to KatasticFaces at least 2 weeks prior to date of training. I will not hold KatasticFaces or any student

responsible in the case I suffer an injury during the hands-on or observation of microblading and/or microblading training. I acknowledge that microblading, body art, or permanent makeup procedures may be regulated by the local and/or state regulatory agencies and that registration and or licensing may be required by a governing regulatory agency to provide microblading, body art, or permanent makeup services to the general public. I further acknowledge it is their sole responsibility to be compliant with any applicable licensing and/or registration requirements. Upon completed course training, I understand that I will receive a Certificate of Completion necessary to perform only the microblading procedures, techniques, and skills learned in this course. I will not hold KatasticFaces responsible for any procedures, techniques, skills performed, or injuries caused during or outside of the scope of this course, date of completed course, or course curriculum. **Student Initials** _____

I understand that due to government regulations and CDC guidelines, that my live model and I are expected to wear a mask during the entire training course and microblading procedure. I understand that my temperature and my live model's temperature may be taken throughout the course or microblading procedure. I consent that if I become sick or around someone sick, at any time prior to or during my training, I will notify KatasticFaces to reschedule my training date. **Student Initials** _____

Please check the following boxes:

- I acknowledge that I am at least 18yrs of age.
- I have read and understood all aspects of the Student Enrollment Agreement and had the opportunity to have all my questions regarding class answered prior to signing this agreement and enrolling in a fundamental and/or other specified class offered by KatasticFaces.
- I understand there is no guarantee of success in the permanent cosmetic industry and do not hold KatasticFaces responsible for lack of success.
- I understand that it is my responsibility to seek continuing education and additional advanced training as needed to perform safe and esthetically accepted procedures.

Full name (as you wish it to appear on the Certificate of Completion): _____

Mailing Address: _____

Phone Number (to post under your name on PEM's Artist Directory): (_____) _____

Student Signature: _____ Date: _____

Please read, sign, and send back to: katastic.faces@gmail.com

Deposit and payments can be made to one of the following:

- **Zelle: 972-375-2887**
- **PayPal: katastic.faces@gmail.com**
- **CashApp: @KatKatastic**