CONSENT AND RELEASE AGREEMENT
FOR PERMANENT COSMETIC PROCEDURE

The Micropigmentation Specialist, herein designated Specialist, who will be performing the requested permanent cosmetic procedure(s), and the undersigned client, herein designated Client, who will receive the permanent cosmetic procedure(s), are subject to the terms and conditions specified herein:

This agreement to have a permanent cosmetic procedure is entered into by the Specialist and:

Name of Client _____

Address _____(____)_____
(Street) (City) (State) (Zip) (Phone)

The Specialist will perform permanent cosmetic procedures in accordance with the expressed desires of the Client, consisting of the following:

_____(Procedure(s)
The procedure(s) designated will be performed with reference to and in accordance with the provisions contained within this agreement; therefore, the Specialist and Client agree as follows:

AGREEMENT

A. ACKNOWLEDGEMENT OF COMPLICATIONS ASSOCIATED WITH PERMANENT COSMETICS

1. The Client has been informed by the Specialist of possible risks, dangers, and complications associated with having permanent cosmetic facial tattoo procedures performed. The Client acknowledges that these dangers may include: eye injury, allergies to any materials used in procedures, fever-blisters and cold sores, swelling, bruising (*although rare*), temporary minor bleeding, redness, risk of spreading, fading, and fanning of pigment, and various other possible unintended or negative results of the procedure, some or all of which may not be desirable to the Client.

2. Having been completely advised on inherent risks, dangers, and complications associated with permanent cosmetic facial tattoo procedures, the Client hereby voluntarily assumes all risk of any possible negative result ensuing from the cosmetic procedures which are to be performed.

Client Initial _____

B. ALLERGY TEST/WAIVER

The Client agrees to take a 5-7 day allergy test prior to the permanent cosmetic facial tattoo procedure (*the expense of which is to be borne by the Client*) in order to determine allergic or other reaction to the applied materials (*such as pigments, anesthetics, and other items typically used in the procedure(s)*) and to detect fading or changes in the applied pigments which may occur on application, or to waive such at this time, acknowledging that this waiver may increase the potential of occurrence of such allergic and other reactions to the materials which are used in the procedure.

Client should initial here _____ to waive allergy test

C. RESULTS

The Client agrees to accept full responsibility for the color, shape, and thickness of each and every procedure executed by the Specialist, to include but not limited to eyeliner, eyebrows, lips and/or lip-liner, and/or beauty mark, or any other permanent cosmetic procedure. The Client acknowledges and agrees that sometimes a third touch-up is needed based on the individuals' skin and how their skin retains pigment as well as how closely the client follows aftercare instructions. In the event of other cosmetic procedures that may interfere with the microblading process, such as botox and any other procedure done that may alter the shape of the brow, the specialist may decide to not work on that client in the future. The client agrees to and understands that any product the client uses with glycol acids, salicylic acids, chemical peels, retinol, lasers, or any other product or ingredient may fade their procedure and cause more frequent touch ups, and/or will erase the procedure area completely causing the client to start the process over again at clients expense. If the client has had previous work done on their brow area, scarring may have occurred results may not be desirable. NO refunds.

Client Initial _____

D. DISPUTE RESOLUTION

The Client agrees that in the event of a dispute between the Client and the Specialist involving the services rendered under this agreement and any damages related thereto, and in the event that legal action is taken, the parties shall be limited to resolving their dispute through action in a small claims court within St. Joseph County, Indiana.

Client Initial _____

E. RECEIPT OF PRE-PROCEDURE AND POST-PROCEDURE INFORMATION

The Client acknowledges receipt of pre-procedure information and post-procedure (aftercare) instructions from the Specialist, and agrees that they have read them, have been advised of them, understand them, and agree to adhere to them in order to help ensure satisfactory results from the procedure(s) and help prevent secondary infection. The Client acknowledges that all final adjustments and detail work will be done in the second session, and will schedule a follow-up session with the Specialist within 8-12 weeks of the procedure(s).

Client Initial _____

F. CONSENT TO PERMANENT COSMETIC PROCEDURE

The Client fully, and voluntarily, consents to have the Specialist perform the permanent cosmetic procedure(s), and is fully aware and informed of all and any inherent risks, dangers, and complications associated with having permanent cosmetic facial tattoo procedures performed. The client has had any questions or concerns which he/she has expressed satisfactorily answered or resolved by the Specialist.

Client Initial _____

G. RELEASE OF CLAIMS

The Client, realizing that cosmetic procedures of the type of those specified in this agreement are fraught with risks and dangers which cannot be eliminated from the process regardless of the precautions and safeguards which are undertaken, hereby agrees that the Client releases the Specialist from any and all claims, damages, and liability of all types relating to the performance of the specified procedure(s), including any costs of medical care or assistance required by the Client as a result of the procedure(s) performed, which shall include any post-operative care, repair or reconstruction which Client might require or desire. This release agreement by the Client shall also extend to the proprietors, officers, agents, and employees of any business Specialist that is employed by or associated with in performing the cosmetic procedures.

Client Initial _____

IN WITNESS HEREOF, Client and Specialist do hereby give their assent to the terms of this Agreement on the date entered.

Signature of Client_____ **Date**_____

Signature of Specialist_____ **Date**_____

Client name _____

PRE-EXISTING CONDITIONS WHICH MAY AFFECT YOUR SUITABILITY FOR THE DESIRED PROCEDURE(S)

To help minimize any risks, which might be a part of the procedure(s), the Client should answer the following questions truthfully and to the best of their ability, in order to assist the Specialist in ensuring that the Client is a suitable candidate for the procedure(s) requested. The Client acknowledges that any incomplete or inaccurate answers given to these questions may increase the possibility of complications and unwanted results from the procedure(s), and, as such, confirms that the answers given are true and accurate.

In the event that additional space is required, use the back of this form or additional paper; if the explanation is difficult to write briefly or concisely, please discuss it directly with the Specialist.

If your answer is **Yes** on any item, please provide explanation, including dates, durations, frequencies and circumstances as required:

Yes___No___ Are you pregnant or nursing _____

Yes___No___ Are you allergic to any medications _____

Yes___No___ Are you allergic to Latex, Glycerin, Rubber or PABA _____

Yes___No___ Are you allergic to topical anesthetics (lidocain, novocain, epinephrine, etc.) _____

Yes___No___ Are you allergic to topical salves (bacitracin, neomyacin, Neosporin, etc.) _____

Yes___No___ Are you diabetic _____

Yes___No___ Do you have any type of heart condition _____

Yes___No___ Do you have a mitral or prolapsed heart valve _____

Yes___No___ Do you have any joint replacements _____

Yes___No___ Are you required to take an antibiotic before seeing a dentist _____

Yes___No___ Do you have any type of blood disease _____

Yes___No___ Are you hemophiliac _____

Yes___No___ Do you have / have you had any form of hepatitis _____

Yes___No___ Are you on blood thinners (including aspirin, ibuprofen, coumadin, etc.) _____

Yes___No___ Do you have an auto immune disorder _____

Yes___No___ Do you suffer from alcoholism _____

Yes___No___ Are you epileptic or subject to seizures _____

Yes___No___ Do you have glaucoma _____

Yes___No___ Do you have any dermatological disorders (eczema, rosacea, psoriasis, dermatitis, shingles, etc.) _____

Yes___No___ Do you have herpes _____

Yes___No___ Do you have (or are you prone to) keloid formation _____

Yes___No___ Do you have trichotillomania _____

Yes___No___ Do you have alopecia _____

Yes___No___ Do you use cortisone _____

Yes___No___ Do you use glycolic acid _____

Yes___No___ Do you use acutane _____

Yes___No___ Do you use Retin-A _____

Yes___No___ Have you used chemical peels _____

Yes___No___ Do you use steroids _____

Yes___No___ Do you have/ have you had any form of cancer _____

Yes___No___ Are you undergoing chemotherapy _____

Yes___No___ Are you currently taking any medications (please list) _____

Yes___No___ Have you had any surgeries in the past 12 months _____

Yes___No___ Are you currently under a doctor's care for any particular condition _____

Yes___No___ Do you have Tourette's syndrome or are you prone to nervous tics _____

Yes___No___ Do you have any other disease not already mentioned _____

Yes___No___ Are you planning to have any cosmetic surgery _____

Yes___No___ Do you have other tattoos _____

Yes___No___ Do you tan (tanning beds, lamp, or natural light) _____

Yes___No___ Have you had brow or lash tinting _____

Yes___No___ Are you under 18 years of age? **If yes, you must have the written legal consent of your parent or guardian on file with the Specialist before your procedure. Signature of parent or guardian** _____

Yes___No___Would you allow the specialist to post any of your before and after pictures on social media for marketing purposes?

Dated this _____ day of _____, 20____.

Client name (printed)_____

Client signature_____