

Kaleidium Permanent Cosmetics LLC

Client Informed Consent

_____ I verify I am 18 years of age or older and not under the influence of any drugs or alcohol.

_____ I have received, read, understand and will strictly adhere to all pre- and post-procedure instructions. I understand that failing to comply may jeopardize my chances for a successful procedure and/or a successful outcome. Furthermore, any follow-up appointments/corrective procedures required as a result of my failure to comply with pre-or post-procedure instructions will be billed at the standard rates and any fees previously paid are non-refundable.

_____ I understand a permanent cosmetic procedure is a ‘tattoo process,’ not an exact science, and will require additional appointments/applications to achieve the desired results. I request the below listed permanent cosmetic (micropigmentation) procedure(s) be performed and accept the permanence of, and possible complications and consequences of, said procedure(s). Some potential complications and/or consequences may include, but are not limited to: minor/temporary bleeding, bruising, redness or other discoloration, swelling, infection, allergic reaction, scarring, keloid formation, inconsistent color, and spreading/fanning/fading of pigments. Furthermore, I acknowledge that some of these potential adverse changes may not be correctable.

_____ I understand that Iron Oxide and Organic Pigments are used in permanent cosmetic procedures and hereby release Kaleidium Permanent Cosmetics LLC and its Agents from any liability related to any allergic, or other, reaction from the applied pigments. Furthermore, I have selected and approved my final pigment color(s) prior to my procedure(s) being performed and accept the color(s), design and payment terms in and related to this Contract.

_____ I understand the healed color of the pigment(s) may vary due to several factors including, but not limited to, skin tone, color, pH balance, exposure to sun/tanning beds/self-tanners, taking certain medications and facial cleansing/exfoliation practices; therefore, Kaleidium Permanent Cosmetics LLC employs a no-refund policy.

_____ I understand if I have any skin treatments, laser hair removal, plastic surgery or any other skin-altering procedures, they may result in adverse changes to my permanent cosmetics, and I must wait at least six (6) weeks between these types of services and having permanent cosmetic procedure(s) performed.

_____ I understand I should not have eyelash extensions at the time of any eye/eyeliner permanent cosmetic procedure. I must wait at least six (6) weeks, or until after the area has completely healed, before having eyelash extensions re-applied.

_____ If I elect to have any permanent cosmetic procedure performed involving my eye(s), and I wear contact lens for any reason (prescription or otherwise), I understand and agree to remove them prior to my procedure, and I will not insert them for at least three (3) days following my permanent cosmetic procedure. This helps reduce the possibility of eye irritation, eye infection, or damage to my eye(s).

_____ If I have a permanent cosmetic procedure performed involving my eye(s), I will remove all eye makeup prior to my procedure and will not apply any eye makeup for at least ten (10) days following my procedure. This helps reduce the possibility of eye irritation or an eye infection. Furthermore, the use of Latisse® must be discontinued at least three (3) months prior to my eyeliner procedure as it produces an inflammatory reaction in the skin. Do not use other eyelash growth stimulants such as RapidLash®, or RevitaLash® for at least one (1) week prior to your procedure and do not begin using eyelash stimulants again until after you are completely healed.

_____ I understand having permanent cosmetics could exclude me from donating blood for at least six months or longer.

_____ I have fully and faithfully disclosed any medications, medical procedures and/or known allergies to Kaleidium Permanent Cosmetics LLC. Should my information change, I will notify them immediately and/or prior to my procedure(s).

_____ [Mandatory] I understand taking “before and after” photographs to document results of the procedure(s) performed today (full-face and/or specific to the area) is mandatory for my client file and said photographs are strictly for internal use.

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_____ [Optional/Requested] I hereby authorize Kaleidium Cosmetics LLC to use my “before and after” photographs for marketing purposes. This may include business websites, artist portfolios, social media sites, and/or any other promotional mediums. If I provide consent, I may at any time withdraw consent for any specific photograph(s) by contacting Kaleidium Cosmetics LLC in writing. From the date revocation is received, use of any specified photo(s) will be discontinued. I authorize and consent to (please check one):

_____ *Full-face and/or Procedure-Specific (Cropped) Photos* _____ *Procedure-Specific (Cropped) Photos*

_____ If I have ever (even one occurrence) suffered from a cold sore or fever blister (Herpes Simplex Virus 1/HSV-1), I have been advised permanent cosmetic procedures on the lips may stimulate an HSV-1 outbreak. I have been advised to consult with and strictly follow my doctor’s instructions which may include receiving an antiviral prescription such as Zovirax®, Valtrex®, or Valcyclovir® that may help prevent the outbreak of cold sores and/or fever blisters (Acyclovir may be an alternative if you do not have health insurance). Consequences of failing to divulge or comply can have serious, negative impacts on my health as well as the outcome of my procedure(s).

_____ Upon arrival for my permanent cosmetic procedure, if I have any evidence of an active or healing HSV-1 outbreak, Kaleidium Permanent Cosmetics LLC will not perform any permanent cosmetic procedure at that appointment. I will be required to reschedule a future appointment once I have healed from my HSV-1 outbreak, consulted with a doctor, and taken any prescribed antiviral medications.

_____ I understand that having permanent cosmetic procedures, correcting, or touching up permanent cosmetics *performed by others* involves additional risks because of the pre-existence of pigments of unknown composition, brand, color, age, shape and other factors over which Kaleidium Permanent Cosmetics LLC has no control. I understand that additional follow-up appointments after the initial and touch-up appointments may be required and will be billed at the standard rates. I understand that Kaleidium Permanent Cosmetics LLC cannot predict or guarantee the results will be as I desire nor have represented such. I understand and fully accept these additional risks and hold Kaleidium Permanent Cosmetics LLC harmless from the same.

_____ Being of sound mind and body, I hereby accept all responsibility and consent to the listed cosmetic tattoo procedure(s) being performed. In consideration of their doing so, I hereby release, discharge, and hold harmless Kaleidium Permanent Cosmetics LLC, its owners, officers, managers, employees, and any person(s) representing Kaleidium Permanent Cosmetics LLC from any and all claims, demands, damages, and/or legal actions arising from or connected in any manner with my cosmetic tattoo procedure(s) for which I, or my heirs executors, administrators, or assigns, can, shall, or may have. This also pertains to, and is designed to protect, all establishments where Kaleidium Permanent Cosmetics LLC conducts business. Additionally, I agree to reimburse Kaleidium Cosmetics LLC any attorney fees and costs incurred in any legal action I bring against Kaleidium Cosmetics LLC, its owners, officers, managers, employees, and any person(s) representing them. Furthermore, I agree Brevard County, Florida shall retain personal jurisdiction for the purpose of litigating any dispute arising from or related to this Contract.

Client Signature: _____ Date: _____

Client Printed Name: _____

Informed Consent Form Reviewed with Client By:

_____ Date: _____
Kaleidium Permanent Cosmetics LLC / L. Michelle Auger

Kaleidium Permanent Cosmetics LLC

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