



NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

PREFERRED CONTACT: ☐ EMAIL ☐ CALL ☐ TEXT

**Consent to Application of Permanent Makeup Procedure**

- I, \_\_\_\_\_ am over the age of 18, I am not under the influence of drugs or alcohol. I am not pregnant, or nursing and I desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed and has thoroughly been explained to me.
- \_\_\_\_\_ I understand the semi-permanent skin pigmentation procedure carries with known and unknown complications and consequences associated with this type of procedure, including but not limited to the following: pain, swelling, redness, bruising, scarring, peeling, allergic reaction, temporary numbness, infection, bleeding, scabbing and fading of pigment may lighten up to 30-50% depending on if proper aftercare was strictly followed.
- \_\_\_\_\_ I have been informed of the nature, risks and possible complications or consequences of the semi-permanent pigmentation.
- \_\_\_\_\_ I understand during the treatment, despite all the precautionary measures made by the Practitioner, injury is possible. I will not hold the Practitioner performing this service on me responsible in any issues that may arise because of having the procedure performed on me.
- \_\_\_\_\_ I understand this is a form of tattooing and pigments may never fade.
- \_\_\_\_\_ I understand there is possibility of an allergic reaction to the pigments. A patch test is advisable however, it does not ensure a client will not have an allergic reaction. I consent \_\_\_\_\_ **(Initial)** or waive \_\_\_\_\_ **(initial)** patch test. IF waived, I release the technician from all liabilities if I develop an allergic reaction to the pigment.
- \_\_\_\_\_ I understand that the color/outcome may not turn out as desired due to the undertone and health of my skin and that individual results will vary on each individual.
- \_\_\_\_\_ I understand that it is my responsibility to advise the Technician of any concerns I may have before the procedure.
- \_\_\_\_\_ I understand and agree to the aftercare instructions provided by my technician. By not following the aftercare instructions I am aware that the desired results may not be achieved.
- \_\_\_\_\_ I understand the permanence of this procedure and my skin will be pigmented with iron oxides that may never fade fully.
- \_\_\_\_\_ I acknowledge and accept that there are no guarantees regarding the outcome of the procedure.
- \_\_\_\_\_ The Technician performing the procedure will not be held liable for any damages caused to me or my skin by any reason, including allergic reaction, skin sensitivity, and failure to follow the aftercare instructions.
- \_\_\_\_\_ I have declared all relevant history, and if any changes occur in the future, I will notify my Technician.
- \_\_\_\_\_ I consent to the permanent makeup procedure being performed on me and accept that I understand the risks and complications involved.
- \_\_\_\_\_ I understand that if I have any skin treatments, laser, hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable.
- \_\_\_\_\_ I have received both pre and post care procedural instructions and I will strictly adhere to such instructions. I understand that failure to do so can have interference with end results of procedure.
- \_\_\_\_\_ I understand that a \$50 deposit is required to book any appointment and it will go towards any service. If I should cancel the appointment, I will lose my deposit unless I reschedule within 24 hours.
- \_\_\_\_\_ I understand that I must give a 24-hour notice when I need to reschedule my appointment or failing to do so will result in forfeiting my deposit. **NO SHOWS** will not be rescheduled.

**Photography / Videography Release**

- I \_\_\_\_\_ authorize Luxe Beauty INK, LLC for the use photos and videos taken during the session, and all photos/videos will be in relation to the treatment.
- I understand, and consent to photos and/or videos being used for social media, advertisements and for promotional posts. I give permission, without expecting payment, for use of photographs/videos

**This agreement will remain in effect for this procedure and all future follow ups conducted by the certified Technician. If any changes occur in history a new consultation will be carried out.** By signing below, I confirm that I have read and fully understand this agreement and I confirm I am over the age of 18 years old

**If you should have any questions or concerns, please do not hesitate to contact your Technician Norma. If you need medical attention, please connect with a medical professional and advise your technician at 505.610.8548**

PRINT NAME: \_\_\_\_\_ SIGNATURE:\_\_\_\_\_

TECHNICIAN:\_\_\_\_\_ DATE:\_\_\_\_\_