

CONSENT FORM

SEMI-PERMANENT MAKEUP

Ombre Powder: This technique is done by using a rotary machine pen that deposits pigment into the epidermis to achieve the look of filled in eyebrows. Ombré is the style of darker ends, gradually fading light towards the front of the brows for a gradient and natural effect. This technique is suitable for all skin types.

Microblading: This technique is done by using a tiny angled or curved blade to deposit hair-like stroke patterns onto the brows to give a fuller,

Natural fluff. This technique does not include any shading. This style is more suitable for those with more normal to dry skin and requires more frequent touch-ups.

Microshading: This technique is a combination of the Ombre Powder and Microblading. Strokes are manually added using an angled or curved blade throughout the entire brow, and minimal shading is added to the middle section of the brows working towards the end of the tail so give fluffy fronts and a more defined arched and tail.

_____ I acknowledge by signing this release form that I have been given the full opportunity to ask any and all questions I might have about obtaining a tattoo from Modern Face Beauty.

_____ I consent to the recordings of videos and pictures being taken, and to the publishing of such online and on social media. If I do not consent, the artist is fully aware of my disapproval.

_____ I acknowledge that I have FULLY read through the INFO's page on www.theinkessentials.com which contains a health screening, important information, notes, policies, and what to expect (before and after) prior to booking this appointment.

_____ I acknowledge that all my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below, and I agree as follows:

_____ I am not under the influence of alcohol or drugs.

_____ I give my full consent to the application of my tattoo.

_____ I acknowledge that I am not pregnant or breastfeeding.

_____ I acknowledge that I am free of communicable disease.

_____ I acknowledge that I have truthfully represented to the associates of Modern Face Beauty that I am over eighteen (18) years of age.

_____ I acknowledge it is not reasonably possible for the associates, agents, and representatives of The Ink Essentials and Brows to determine whether I might have an allergic reaction to the dyes, pigments, topical anesthetic, or processes used in my tattoo and I agree to accept that such

risks are possible.

_____ I acknowledge that infection is always possible because of obtaining a tattoo particularly in that event that I do not take proper care of my tattoo, and I have been advised of the signs and symptoms of infection that indicate a need to seek medical care.

_____ I acknowledge receipt of written instructions advising me of proper care of my tattoo and recognize the absolute necessity of following those written instructions. All questions about the body art procedure have been answered to my satisfaction.

_____ I acknowledge that variations in color and design may exist between any tattoos as selected by me and as ultimately applied to my body.

_____ I acknowledge that tattooing is a permanent change to my appearance and that no representations have been made to me as to the ability to later change, alter, or remove my tattoo.

_____ I acknowledge that the obtaining of my tattoo is my choice alone and I consent to the application of the tattoo and to any actions or conduct of the associates, agents or representatives of The Ink Essentials and Brows that are reasonably necessary to perform the tattoo procedure.

_____ I agree to release and forever discharge and forever hold harmless The Ink Essentials and Brows and its associates, agents' officers, and shareholders from all claims, damages, or legal actions arising from or connected in any way with my tattoo, or the procedures and conduct used to apply my tattoo and all tattoos applied by The Ink Essentials and Brows and its associates, agents, and representatives in the future.

_____ I acknowledge that the federal Food and Drug Administration have not approved tattoo inks, dyes and pigments and the health consequences of using these products are unknown.

_____ I acknowledge that there is a chance I might feel lightheaded, dizzy during or after being tattooed. I agree to immediately notify the practitioner in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure.

_____ I agree to follow all instructions concerning the care of my tattoo, and that any touch-ups needed because of my own negligence will be done at my own expense.

I, _____ have been fully informed of the risks of tattooing including but not limited to infection, scarring, difficulties in detecting melanoma, and allergic reactions to tattoo pigment, latex gloves, and antibiotics. Having been informed of the potential risks associated with getting a tattoo, I still wish to proceed with tattoo application, and I assume all risks that may arise from tattooing.

Print name: _____

Signature: _____

Date: _____

Artist/Technician: _____

Procedure description: _____

Color/Lot ID (artist use only) #:

Technician's signature:
