



Before signing, read each statement thoroughly, then initial each line to indicate that you understand what you have read and agree to each statement. If you have questions or concerns, please ask before signing.

- It is illegal to tattoo anyone under the age of 18 even with parental consent. I attest that I am at least 18 years of age and will provide a valid, government issued ID documenting such. I understand that failure to do so will result in my appointment being cancelled, my Booking Fee forfeited, and additional fees will be incurred according to Kymberlee's Permanent Makeup & Aesthetics' (Kymberlee's) "Policies".
- Female clients:* To the best of my knowledge, I am not pregnant.
- Female clients:* I am not currently nursing or trying to conceive.
- In the event my technician is stuck with my needle, I agree to immediately accompany them to the medical facility of their choosing, to have my blood drawn and tested for HIV, Hepatitis and/or any other blood borne pathogens which may be relevant. I agree to disclose all related test results to Kymberlee's and/or an authorized representative of Kymberlee's. If available, I will sign a medical release allowing said facility to release all related test results directly to Kymberlee's.
- I understand that permanent makeup is a process, often requiring multiple applications of color to achieve desired results and that 100% success cannot be guaranteed.
- I accept full responsibility for approving the shape, position and color of my procedure.
- I understand that the color selection and results in all procedures are not an exact science.
- I understand that positioning of my procedure(s), whether before or after, can be affected by cosmetic surgery, Botox, Restalyne or other injectables, and I assume this risk and responsibility.
- I am aware that if I am to receive an MRI after the procedure, I must tell the radiologist that I have iron oxide permanent cosmetics.
- I understand that contact lenses are not to be worn on the day of an eyeliner procedure.
- I understand that over time pigments fade, that this fading can alter the original color and that this indicates that it is time for a touch-up (color refresh) visit.
- I acknowledge this is an elective cosmetic procedure and is not medically necessary.
- I am aware that the following may occur: minor bleeding, bruising, redness or other discoloration, swelling and/or fading or loss of pigment.

## Informed Consent for Permanent Makeup

- \_\_\_\_\_ While uncommon, an allergic reaction to PMU pigment or topical anesthetic is possible. A negative patch test does not guarantee an allergic reaction will not occur during or after the procedure.
- \_\_\_\_\_ Although rare, it is possible for pigment to migrate under the skin, and can occur during or after the procedure, including years later. (If this occurs during, removal procedures will be implemented immediately.)
- \_\_\_\_\_ I agree to seek immediate, medical treatment if there is any indication of infection, including but not limited to an increase in redness or swelling, and will notify my technician.
- \_\_\_\_\_ I understand that many lasers and IPL's (Intense Pulse Lights) including those used for hair removal, anti-aging, photo facials, and removal of lines and wrinkles, may, or will, turn permanent makeup dark or even black. I understand that it is my responsibility, and agree, to inform my aesthetician or the operator of such equipment that I have permanent makeup.
- \_\_\_\_\_ I understand that, at their sole discretion, my technician may stop the procedure in the event of excessive bleeding and that I will still be responsible for payment of the procedure.
- \_\_\_\_\_ Pre-procedure and After Care instructions are for the sole benefit and safety of our clients. Following these protocols reduces the risk of infection, aids in healing and improves pigment retention. I understand that failure to follow them will result in forfeiture of complimentary touch-ups and potentially disqualify me from receiving any additional procedures.
- \_\_\_\_\_ All clients are required to read our "Policies" and "Pre-screening". By scheduling services, clients acknowledge that they have read these documents in full, understand them and accepts all terms and conditions.

---

**ACCEPTANCE:** I have read and understand the information herein and I accept all associated risks and responsibilities. I certify that the questions have been answered truthfully to the best of my knowledge.

\_\_\_\_\_  
Client printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Technician Signature

\_\_\_\_\_  
Date