

## Waiver & Release Form

\_\_\_\_\_ To my knowledge, I do not have any mental or medical impairment or disability which might affect my well-being as a direct or indirect result of my decision to have any cosmetic/, permanent makeup procedure done at this time. I assume full responsibility for my decision to have this procedure(s) and release **Permanent Cosmetic Solutions/Terri Landeros** from any and all liability both now and in the future.

\_\_\_\_\_ If I had a permanent cosmetics procedure performed previously by another practitioner, I do not hold **Terri Landeros/Permanent Cosmetic Solutions** responsible for future allergic reactions or contraindications.

\_\_\_\_\_ If I insist on driving, I waive all responsibility to my practitioner and I assume full responsibility that I can see to drive, perfectly.

\_\_\_\_\_ I agree to pay for any and all damages and injuries to any persons and property belonging to **Terri Landeros/Permanent Cosmetic Solutions** to who they may become liable contractually or by operation of law, caused by or resulting from my decision to have any cosmetic/camouflage or permanent makeup at this time.

\_\_\_\_\_ I understand that if I have any skin treatments, Botox or other fillers, 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 assume full and complete responsibility.

\_\_\_\_\_ I fully understand the procedure and give permission to **Terri Landeros/Permanent Cosmetic Solutions** to perform the service of permanent makeup/cosmetic tattooing and all procedure(s) and steps involved.

\_\_\_\_\_ I have truthfully filled out the consent form and have informed **Permanent Cosmetic Solutions** of all medications that are currently in my drug and medication regimen.

\_\_\_\_\_ I have fully and truthfully informed **Permanent Cosmetic Solutions** of my medical and health history.

\_\_\_\_\_ I have **CONSENTED TO** \_\_\_\_\_(initial) or **WAIVED** \_\_\_\_\_(initial) the patch test. If **WAIVED**, I release the technician from any and all liability if I develop an allergic reaction to the pigment.

\_\_\_\_\_ I am voluntarily receiving this procedure. I understand that there are risks associated with this procedure. Injuries or outcomes may arise from my own or other's actions. I am assuming all risks of the procedure(s), whether known or unknown to me. I accept full and complete responsibility.

\_\_\_\_\_ I swear or affirm and agree that the above information is true and correct.

