

# CONSENT AND RELEASE AGREEMENT FOR PERMANENT COSMETIC PROCEDURE

This agreement contract and all attached sheets are one agreement and all the information, clauses and covenants in this agreement are incorporated in the attached sheets as though set out in full herein; however, if any clause, disclosure, or covenant in this contract shall differ or be in conflict with any and all attached sheets, this contract and its covenants shall govern.

The undersigned micropigmentation specialist, hereinafter known as Releasee, hereby performs the permanent cosmetic procedure(s). This agreement to have a permanent makeup procedure performed is entered by

\_\_\_\_\_ (name of Releasor) who resides at (street) \_\_\_\_\_ (city) \_\_\_\_\_

(zip) \_\_\_\_\_ (phone) \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_. And Maria Roestenburg who performs permanent makeup at \_\_\_\_\_ with reference to the facts listed on the front and back of this agreement:

Therefore, for these considerations, the Releasee and Releasor agree as follow:

## AGREEMENT

### 1. ACKNOWLEDGEMENT OF THE RISKS OR COMPLICATIONS ASSOCIATED WITH THE PERMANENT COSMETIC FACIAL TATTOO PROCEDURE.

A. The Releasor has been informed by the Releasee of the possible dangers which may occur as a result of having a permanent cosmetic facial tattoo procedure performed.

The Releasor acknowledges that those dangers may include eye injury from the permanent cosmetic eyeliner procedure, swelling, bruising (although rare), temporary minor bleeding, redness or pinkness, and the appearance of the Releasors face which may not be desirable to the Releasor.

B. Now, the Releasor having been fully and completely advised of all inherent risks, dangers, and complications which may arise from a permanent cosmetic facial tattoo procedure, voluntarily assumes all and any risks, dangers, and complications which may arise from permanent cosmetic facial tattoo procedure. To help minimize any risks, the Releasor will answer Yes or No to the following conditions in order to describe if the Releasor has any of the following medical conditions:

If Yes, please explain

- |   |                              |   |
|---|------------------------------|---|
| <p>1. What is your age _____</p>  |                              | <p>If under 18, must have legal consent of parent or legal guardian.<br/>Signature of parent or Legal guardian _____ I.D.<br/>Location? _____</p> |
| 2. Keloid formation   | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____   |
| 3. Diabetes   | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____   |
| 4. Alcoholic  | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____   |
| 5. Epilepsy   | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____   |
| 6. Do you have Aids   | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____   |
| 7. Using Accutane   | <input type="checkbox"/> Yes | <input type="checkbox"/> No When was the last time? _____   |
| 8. Using Retin-A/Renova<br>AlphaHydroxy Acid  | <input type="checkbox"/> Yes | <input type="checkbox"/> No Location? _____   |
| 9. Hemophiliac  | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____   |
| 10. Pregnant or Nursing   | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____   |
| 11. Active skin disease(s)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No List them _____   |
| 12. Autoimmune Disorders  | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____   |
| 13. Hepatitis   | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____   |
| 14. Blood Disease   | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____   |
| 15. Cold sores  | <input type="checkbox"/> Yes | <input type="checkbox"/> No If yes, obtain a prescription for Zovirax if lip procedure will be performed  |
| 16. Herpes  | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____   |
| 17. Cancer  | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____   |
| 18. Cortisone   | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____   |
| 19. Steroids  | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____   |
| 20. Chemical Peel   | <input type="checkbox"/> Yes | <input type="checkbox"/> No When: _____   |
| 21. Using Glycolic Acid   | <input type="checkbox"/> Yes | <input type="checkbox"/> No What products? _____<br>What strength of Glycolic _____   |
| 22. Other Tattoos   | <input type="checkbox"/> Yes | <input type="checkbox"/> No Where? _____<br>Any problems? _____   |
| 23. Heart condition   | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____   |
| 24. Allergies to <u>ANY</u><br>medications or topical salves such as Bacitracin, Lanolin, Lidocaine, Novocaine, Neomycin, paba, Rubber Gloves | <input type="checkbox"/> Yes | <input type="checkbox"/> No Name each one _____   |
| 25. Taking Medication   | <input type="checkbox"/> Yes | <input type="checkbox"/> No Name each one _____   |
| 26. Any other diseases  | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____   |

27. Blood thinners Yes No \_\_\_\_\_  
(such as Aspirin, Coumadin, Alcohol, or Ibuprofen?)
28. Do you like to get a tan? Yes No Do you use a tanning bed, lamp, or natural sunlight? \_\_\_\_\_
29. Are you tan now? Yes No \_\_\_\_\_
30. Any surgeries Yes No \_\_\_\_\_
31. Planning cosmetic surgery? Yes No \_\_\_\_\_
32. Currently under a Dr.'s care Yes No Dr.'s Name \_\_\_\_\_ Phone \_\_\_\_\_  
for any particular condition? Address \_\_\_\_\_
33. Trichotillomania Yes No \_\_\_\_\_  
Compulsively pulls out lashes, brows, and other hair which grows out of the body
34. Brow or lash tinting Yes No \_\_\_\_\_
35. Contact Lenses Yes No Please remove prior to eyeliner procedure \_\_\_\_\_
36. Alopecia Yes No Do you have areata or universalis? \_\_\_\_\_
37. Please provide your cell phone number and email address \_\_\_\_\_

C. The Releasor agrees to take a patch test prior to the permanent cosmetic facial tattoo procedure in order to try to minimize the potential of an allergic or other reaction to the applied pigment(s) \_\_\_\_\_ (initial)

D. The Releasor agrees to accept full responsibility for the color, shape, and thickness of each and every procedure that the Releasor will have performed by the Releasee which is to include but not limited to the eyeliner, eyebrows, lips, and/or beauty mark permanent cosmetic procedure(s).

E. The Releasor agrees that in the event of a controversy between the Releasor and the Releasee involving a claim in court, the parties shall resolve their dispute through small claims court. "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor".

F. The Releasor acknowledges receipt of pre-procedure information and post-op care instructions, has read them, has been verbally told them, understands them, and agrees to adhere to them in order to help prevent secondary infection.

**2. CONSENT TO PERMANENT COSMETIC PROCEDURE**

The Releasor fully and voluntarily consents to have the Releasee perform the permanent cosmetic procedure(s) and is fully aware and informed of all and any inherent risks, dangers, and complications that may occur as a result of the procedure(s) as described in this agreement. The Releasee has reviewed the medical history of the Releasor and all questions of the Releasor have been satisfactorily answered by the Releasee.

**3. RELEASE OF ALL CLAIMS**

In order for the Releasee to perform any permanent cosmetic procedures on the Releasor for which the Releasee is volunteering to have performed after having been fully informed of all danger and risks involved as described in this agreement including but not limited to swelling, allergy to pigment, pain, infection, redness, soreness, eye injury, and itching. \_\_\_\_\_ (name) Voluntarily requests that the Releasee performs such procedure(s) and will forever release the Releasee from any and all claims, damages, or liabilities that may result from the permanent cosmetic procedure(s) as described in this agreement including costs of medical care that may arise from the procedure including post-op care. I will in no way hold the above named person, its proprietors, officers, agents, or any of it's operators liable or accountable. The Releasor acknowledges that no other claims or guarantees have been made by the Releasee other than expressed or written in this agreement. In Witness Whereof both parties, the Releasor and the Releasee enter into this agreement by their signatures below on the date opposite their names.

Signature of Releasor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Releasee \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about us?  
\_\_\_\_\_

**RECITALS**

- A. The Releasor wishes to have the permanent cosmetic procedure(s) performed by the Releasee.
- B. The Releasor has been informed by the Releasee that permanent cosmetics is the same as tattooing. Therefore the facial area will be cosmetically tattooed. Color will be implanted into the skin and as a result, the skin color will be permanently altered.
- C. The Releasor has been informed by the Releasee that there is pain involved in the procedure(s).
- D. The Releasor has been informed by the Releasee that there may be adverse side effects such as swelling, bruising (extremely rare), temporary minor bleeding, redness or pinkness, and soreness.
- E. The Releasor has been informed by the Releasee that with the permanent cosmetic facial tattoo procedure there will be some fading of the color. The Releasee has made no guarantees or promises to the Releasor as to how much color will be retained. Color may have to be reapplied to desired area before satisfaction of the desired color is obtained. The Releasor has been informed by the Releasee that there will be an additional charge for each re-application of color.
- F. The Releasor has been informed by the Releasee that pigment may migrate or spread to an undesired area.
- G. The Releasor has been informed by the Releasee that the lips may feel dry and tight after a lip procedure.
- H. The Releasor has been informed by the Releasee that eye injury may occur from the cosmetic eyeliner tattoo procedure.
- I. The Releasor has been informed by the Releasee that cosmetic facial tattooing is not regulated in Utah.
- J. The Releasor has been informed by the Releasee that a secondary infection can occur, although rare and that post-op procedure care instructions will have to be followed in order to help prevent this from occurring.
- K. The Releasor has been informed by the Releasee that an allergic reaction may occur from the pigment used in the permanent cosmetic lip procedure.
- L. The Releasor has been informed by the Releasee that fever blisters or cold sores may occur after the permanent cosmetic lip procedure if the Releasor is prone to having them. The Releasor has been informed by the Releasee to obtain a prescription for Zovirax and take as prescribed for two weeks prior to the permanent cosmetic lip procedure that will be performed in order to help prevent this.
- M. The Releasor has been informed by the Releasee that as a safety precaution, not to drive anywhere for at least eight hours or have someone accompany you after the permanent cosmetic eyeliner procedure.
- N. The Releasor has been informed by the Releasee not to take any aspirin or Ibuprofen. Permanent Cosmetic facial tattoo procedure may promote bleeding. Tylenol or other pain reliever which doesn't promote bleeding may be taken.
- O. The Releasor has been informed by the Releasee that a low level magnet may be required if the Releasor is ever scanned by a MRI (Magnetic Resonance Imaging) machine because pigments used in the permanent cosmetic procedure(s) contain inert oxides. The Releasor agrees to inform the MRI technician of such.
- P. The Releasor has been informed by the Releasee not to wear any contact lenses during the permanent cosmetic eyeliner procedure. An antihistamine may be taken in order to help prevent excessively watery eyes.
- Q. The Releasor has been informed by the Releasee to wait one year after a tattoo procedure before donating blood.
- R. The Releasor has been informed by the Releasee to inform medical personnel or professional esthetician of your cosmetic facial tattoo is a chemical peel, MRI, or plastic surgery is to be performed near or over the cosmetic facial tattoo.
- S. The Releasor has been informed by the Releasee to use sun screen on a daily basis because constant exposure of the cosmetic facial tattoo to the sun may fade the color or even cause irritation to the skin.
- T. The Releasor has read and having been verbally told of all of the above recitals by the Releasee, the Releasor never the less desires to have the permanent cosmetic facial tattoo procedure(s) performed by the Releasee and is willing to enter into this agreement.
- U. The Releasor has been informed that any method used to effectively remove the permanent make-up may result in scarring and/or permanent disfigurement of the face.
- V. No Refunds after services rendered.

**I have read, been verbally told, and understand each of the above recitals.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Photographer's Model Release**

For a consideration mutually agreed upon, and received by me for posing for photographs hereto, I the undersigned do hereby assign to you the copyright and/or the right to copyright such photography and the right of reproduction thereof, either wholly or in part, and unrestricted use thereof in whatever manner you or your licensees or assignees may, in your or their absolute discretion, think fit for all or any advertising, medical teachings, or other purposes whatsoever, including the right of necessary retouching and tinting or work up for reproduction purposes.

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Witness \_\_\_\_\_ Date \_\_\_\_\_**

**OFFICE USE ONLY**

Fill out the following information.

**FACIAL ANALYSIS:**

1. Face shape is: Long, Round, Square, or Oval? \_\_\_\_\_
2. Eyes are: Normal set, Wide set, or Close set? \_\_\_\_\_
3. Lips are: Uneven, Need more fullness on top, More fullness on bottom, Need reshaping according to square jaw or long face? \_\_\_\_\_
4. Will eyeliner be: Thin, Medium, or Thick? \_\_\_\_\_  
Please draw with a pencil in the space provided below as to how thick the eyeliner will be.

5. Which of the following shaped eyeliners is desired?

- A.  **Doming Eyeliner**  
thick - thin Recommended  
for narrow eyes to make  
them appear larger.
- B.  **Narrow to Wide Eyeliner**  
Thin at nose and thicker toward  
outer corner recommended for  
Close set eyes to pull them apart
- C.  **Wide to Narrow Eyeliner**  
Thicker at nose and thinner toward  
outer corner recommended for  
Wide set eyes to pull them apart

6. Is eyeliner to be extended beyond last lash \_\_\_\_\_  
Yes, I would like my eyeliner to extend beyond the last lash \_\_\_\_\_ (initials)

7. Is eyebrow to have a shading effect (2 colors) \_\_\_\_\_  
Yes, I would like my eyebrows to have a shadow effect \_\_\_\_\_ (initials)

**NAME OF COLOR OR FORMULA FOR COLOR MIXED:**

<b>Eyebrows</b>	<b>Date</b>	<b>Color</b>	<b>Technician</b>	<b>Date</b>	<b>Color</b>	<b>Technician</b>
<b>Eyeliner</b>	<b>Date</b>	<b>Color</b>	<b>Technician</b>	<b>Date</b>	<b>Color</b>	<b>Technician</b>
<b>Lip Liner</b>	<b>Date</b>	<b>Color</b>	<b>Technician</b>	<b>Date</b>	<b>Color</b>	<b>Technician</b>
<b>Lip Color</b>	<b>Date</b>	<b>Color</b>	<b>Technician</b>	<b>Date</b>	<b>Color</b>	<b>Technician</b>
	<b>Date</b>	<b>Color</b>	<b>Technician</b>	<b>Date</b>	<b>Color</b>	<b>Technician</b>
	<b>Date</b>	<b>Color</b>	<b>Technician</b>	<b>Date</b>	<b>Color</b>	<b>Technician</b>