



Jacksonville Permanent Makeup Studio

GENERAL CONSENT, LIABILITY AND PROCEDURE PERMIT FORM

PLEASE READ THE FORM FULLY AND SIGN AT THE END

If you are unsure about a particular detail of the form, please speak to your therapist.

If an unforeseen condition arises in the course of microblading procedure, I authorize my therapist to use his/her professional judgment to decide what he/she feels is necessary under the given circumstances.

I accept the responsibility for determining the color, shape and position of the microblading procedure as agreed during consultation.

I understand that there is no guarantee of an allergic reaction not happening.

I fully understand and accept that non-toxic pigments are used during the procedure and that the results achieved may fade over a period of 1-3 years. Even once the color fades, pigment itself may stain in the skin indefinitely.

I have been informed that the highest standards of hygiene are met and that sterile, disposable needles and pigment containers are used for each individual client, procedure and visit.

I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desired results, and that 100% success cannot be guaranteed during the first procedure. I understand that I may have to return for repeated procedure.

The result of the procedure is determined by the following not; medication, skin characteristics (dry, oily, sun-damaged, thick or thin skin type), Personal pH balance of your skin, alcohol intake and smoking, post procedure after care.

Upon completion of the procedure there might be swelling and redness of the skin, which will subside with 1-4 days.

In some cases bruising may occur. You may resume your normal activities following the procedure, however, using cosmetics, excessive perspiration and exposure to the sun should be limited until the skin has fully healed. Please see after care card for more details. You can be assured that the procedure results will look acceptable for you to appear in public without additional make-up on the affected area.

I have been advised that the true color will be seen 1 month after each procedure, and that the pigment may carry according to skin tones, skin type, skin condition and age.

I understand that some skin types accept pigment more readily and no guarantee on exact color can be given.

To my knowledge I do not have any physical, mental or medical impairment or disability that might affect my well being

I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the therapist.

I can confirm that I have received a copy of aftercare details

Lips:

If you have any history of cold sores/ fever blisters/ herpes simplex, or shingles you must contact your physician to obtain and take the proper prescription medication to prevent such outbreaks for at least 4 days before and after the procedure. Many physicians prescribe 12 capsules of 500mg Valtrex. Follow your physician's instructions.

Two or three applications may be required to achieve the desired results. It is not uncommon to lose up to 70% of the color on the first application.

I am absolutely not responsible for a herpes simplex breakout after your lip treatment. Initials _____

Being of sound mind and body, I hereby release any and all responsibility. I accept any and all responsibility myself for any consequences that might stem from my decision to have any permanent cosmetics procedure performed by Jacksonville Permanent Makeup Studio.

For the purpose of documentation, record and use in portfolio, also consent to the taking of before and after imagery of my procedure. Jacksonville Permanent Makeup Studio may use this imagery on social media platforms owned and operated by them only.

I hereby release, forever discharge and agree to hold harmless Jacksonville Permanent Makeup Studio. and any of its members thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and anyone accompanying them during their visit and treatment. I agree to assume all risks and expenses due to injury that may occur as a result of the treatment and visit to Jacksonville Permanent Makeup Studio.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTOOD THE ABOVE CONSENT, LIABILITY AND PROCEDURE PERMIT; THAT THE EXPLANATIONS THERE IN REFERRED TO WERE MADE AND ACCEPT FULL RESPONSIBILITY FOR THESE AND OR OTHER COMPLICATIONS WHICH MAY ARISE OR RESULT DURING OR FOLLOWING THE MICROBLADING PROCEDURE. THE TREATMENT IS PERFORMED AT MY REQUEST ACCORDING TO THIS CONSENT, PRE-PROCEDURE FORM AND POST PROCEDURE GUIDELINES. I HEREBY AUTHORISE THERAPIST ELINA WELCH TO PERFORM MICROBLADING PROCEDURE ON ME.

Client Name: _____

Address: _____

Date of Birth: _____

X _____

Date _____