



## PERMANENT MAKEUP CONSENT & PROCEDURE PERMIT

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I hereby authorize JP Studio to perform upon myself permanent cosmetic enhancement. If any unforeseen condition arises in the course of the procedure(s) I further request and authorize my technician to use his/her full judgement and do whatever he/she deems advisable and necessary under the circumstances.

I understand that permanent cosmetic enhancement is an advanced form of tattooing. I accept responsibility for determining and accepting the color, shape and position of the enhancement as agreed with my technician during the course of my consultation.

I understand that permanent cosmetics are permanent and that if I choose to have them removed, it may be expensive and leave scars.

I understand that a sensitivity test for pigment does not guarantee that I will not have an allergic response. I am aware of that allergic response to pigment is rare and accept all responsibility if allergic response occurs. I am aware that a sensitivity reaction to anesthetics can occur and accept all responsibility if allergic response occurs. I fully understand and accept that non-toxic pigments are used during the procedure and that the cosmetic enhancement achieved may fade over the course of 1-3 years. Even though the color has faded, the pigment will stay in the skin indefinitely and may leave a light residue of color. I understand that dyes, inks and pigments are not approved by the Food and Drug Administration (FDA) and the health effects are not known. I accept that the highest standards of hygiene are met, and that sterile disposable needles 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 desirable results, and that 100% success cannot be guaranteed. I understand that this is why I need to return for a touch up procedure that is not included in the initial price. I understand that the pigment may migrate under the skin, however this is a rare occurrence. I understand that permanent cosmetic enhancement is an invasive procedure and the procedure process can be uncomfortable.

I understand that the touch up procedure, if required, will be performed 1-3 months after the initial procedure and that after a 3-month period I will be charged an additional fee for any additional procedures. I understand that a touch up procedure takes place 4-8 weeks after the initial application to allow the procedure site to fully heal. I will book the appointment when it is convenient for both parties.

I understand that loss of any eyelashes during the healing of permanent cosmetic eye enhancements will result in new eyelash growth over a 4-month period and that eyelash loss is rare and minimal. I understand that in rare cases that corneal abrasion can occur during eyeliner procedures.



**I (print name) \_\_\_\_\_, have been informed that combination/oily skin can/will cause the pigments to: fade prematurely, look more blurred or powdered under the skin, change in color or not retain at all. This has been explained to me and I wish to proceed and accept these risks and will hold JP Studio and/or her staff harmless if above said risks occur. I take full responsibility and accept that this will or could happen. Appointments will not be made any sooner if the above-mentioned issues occur. I do understand that all services performed will be non - refundable and final.**

I am aware that the result of the procedure is determined by the following: Medication, Skin Characteristics - i.e. dry/oily/sun-damaged, Natural skin undertones, Alcohol intake and smoking, General stress, A compromised immune system, Poor diet, Post procedure care treatment

I have been advised that upon completion of the procedure there may be swelling and redness of the skin, which will subside within 1-4 days, dependent on lifestyle. In some cases, bruising can occur.

I understand that immediately after the procedure the enhancement can be 30 to 50% darker than the desired result. I understand that the true color will be visible 1 month after each application, and that the color may vary according to skin tones, skin type, age and skin conditions. I appreciate that some skins accept color more readily than others and no guarantee of an exact effect or color can be given.

I am aware that that if I have had a previous eye disorder or eye infection and receive an eyelash enhancement, the disorder may recur again. I agree to use the correct medication to prevent such a disorder recurring.

I am aware that even though my vision is not affected by permanent cosmetic eye enhancements I may wish to have someone drive me home.

I understand that scar camouflage procedures require skin color-matching tests before the procedure commences and will not give the result of an undetectable scar. I understand that there are few effective methods for pigment removal. Laser removal has proven successful, however is a process.

I confirm that potential complications for the procedure undertaken, and aftercare instructions have been explained to me. A written aftercare advice sheet containing more detailed information has been given to me and I agree that it is my responsibility to read this and follow the instructions on it, until the site has healed.

I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the practitioner. I understand that infection and possible scarring can occur if I do not adhere to the said instructions. To my knowledge I do not have any physical, mental, or medical impairment or disability that might affect my well-being as a direct or indirect result of my decision to have the procedure done at this time. I am at least 18 years old. I am not under the influence of drugs or alcohol. I also consent to the taking of "before" and "after" photographs of said procedure(s)

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT FORM AND THAT I HAVE REQUESTED TO HAVE PERMANENT COSMETIC ENHANCEMENT OF MY OWN FREE WILL.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



## UNDERSTANDING THE PROCEDURE

I understand that the practitioner that I chose will do my initial procedure and also my touch and yearly as well, unless stated by otherwise by staff from JP Studio. I understand that this is a two-part procedure and that the final result will show after 28 days of healing and that the result depends on the skin, aftercare, and any health conditions that I may have will vary in result to my eyebrows.

I also understand that there will be no issued refund after today's procedure.

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

## PHOTO & VIDEO CONSENT & RELEASE

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to JP Studio, its affiliates and agents, to use my image and likeness and/or any interview statements from me in its publications, advertising or other media activities (including the Internet). This consent includes, but is not limited to

- (a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;
- (b) Permission to use my name; and
- (c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for educational and awareness.

This consent is given in perpetuity, and does not require prior approval by me.

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