CONSENT AND RELEASE: MICRO-PIGMENTATION “PERMANENT MAKEUP TATTOO”

Full Name:_____ **Are you under 21?: Y / N** **DOB:**_____

Address:_____

Phone Number: _____ **Email Address:** _____

Area(s) of Permanent Makeup Tattoo(s):_____

The State of Florida prohibits tattooing anyone under the age of 18 without a form from the Health Department notarized and signed by BOTH parents or legal guardians. Anyone who appears under the age of 18 must supply a license or student ID with birth date to be copied for the file.

- I, the undersigned and the person named above, hereinafter referred to as CUSTOMER, have been duly informed by BEAUTY BY KITTEN LLC, and the technician named below, hereinafter referred to as OPERATOR, of the nature, risk and possible complication and consequences of the permanent make-up procedure for which I have contracted OPERATOR to do. _____ (Initial)
- I understand that this procedure is designed to enhance my appearance, and I consent to said treatment, which shall be performed by the OPERATOR. I further understand that this cosmetic procedure completed by using the permanent make-up tattooing process, and that this is a permanent placement of pigment or ink and cannot be removed or easily changed as other cosmetics and agree to release OPERATOR from all manner of liabilities, claims, actions, and demands in law, or in equity, which I or my heirs might now or hereafter consider by reason of complying with my request of a tattoo procedure. _____ (Initial)
- I fully understand that any OPERATOR of Beauty By Kitten LLC, when performing a permanent make-up procedure, does not act in the capacity as a medical professional. The suggestions made by any employee or OPERATOR are just suggestions. They are not to be construed as, or substituted for advice from a medical professional. _____ (Initial)
- I understand that the permanent makeup procedure will be performed using appropriate techniques, instruments, and pigments or ink suitable to the technique I am choosing. _____ (Initial)
- I understand that infections can occur due to lack of proper hygiene and/or pigment sensitivities. I have been advised and I fully understand that improper skin care may lead to an infection of the treated area. I acknowledge that should my skin become infected due to improper skin care, I will hold OPERATOR harmless. OPERATOR has given me proper written and verbal skin care instructions. _____ (Initial)
- To ensure proper healing of the treated area, I agree to follow the written and verbal aftercare instructions that will be provided by my technician, until healing is complete and not the aftercare instructions or suggestions given by any other technician or establishment. _____ (Initial)
- I understand that if I do not abide by my aftercare instructions and compromise the integrity of the work and color, I may be dismissed as a client from Beauty By Kitten, LLC with no advance notice._____ (Initial)
- I understand that the treated area may take up to two weeks to heal properly and aftercare instructions must be followed until the complete healing cycle is finished to ensure the highest quality results my body is capable of achieving. _____ (Initial)
- The permanent make-up which I have contracted for is a lasting impression that will gradually fade with age and with proper skin care between 1 & 10 years. I am, however, fully informed and aware that the work may fade sooner as a result of (but not limited to) AGE, LIFESTYLE, HYDRATION, MEDICATION, SUN EXPOSURE, SALT WATER, CHOLURINE, SKIN CARE PRODUCTS,

MEDICATIONS, OILY SKIN AND OTHER SKIN CONDITIONS. Should the work fade prematurely, I will not hold the OPERATOR liable for such consequence. _____ (Initial)

- I certify that the following medical information provided is accurate, true, and current to the best of my knowledge. I am informed and understand that not disclosing accurate and current pertinent medical information may directly affect the healing process and results of any permanent makeup and tattooing procedures. I also am informed and understand that not disclosing medical conditions can potentially placed the OPERATOR and associated staff at risk. _____ (Initial)
- I am informed and understand that if my skin is excessively oily, there is a chance that the work will fade sooner and heal with a lower final quality. I acknowledge that I have informed OPERATOR of my skin condition, and if my skin is excessively oily, and I still consent to this procedure, I will hold OPERATOR harmless in the event such occurs. _____ (Initial)
- I am informed and understand that the work will not in any way contribute to nor itself induce a loosening of the skin. I am informed and agree that OPERATOR shall not be liable in the event such condition may occur. _____ (Initial)
- I have been informed that a touch-up reservation is required in 6-12 weeks after my initial service date, for a fee of $100, per area, and $75 for each additional area touched-up in the same visit. If I pass the 12 week mark, my touch-up will have an additional fee of $50 to account for more reservation time._____ (Initial)
- I am aware that all deposits required for reservations for new services are non-refundable and forfeited if I reschedule or cancel my reservation with less than 24 hours' notice, or if I do not show up for my reservation. I understand that deposits may not be collected for touch-up reservations, but a cancellation fee of $25 per touch-up area will be charged to my card on file if I do not allow 24 hours' notice for rescheduling, cancellation, or if I do not show up to my reservation._____ (Initial)
- I am informed that a history of more than 3 rescheduled or cancelled reservations will call for dismissal as a client from Beauty By Kitten, LLC._____ (Initial)
- I am aware all sales are final and NO REFUNDS will be given._____(Initial)

I have read this release form and confirm that all the information I have given on this document and the Customer Health History form is correct and to follow the General After Care Instructions. I understand that this is a release form and I agree to be legally bound by it.

Signature:_____ Date:_____

Guardian signature (if under 18): _____

Operator Signature:_____ Date:_____