

CONSENT TO PERMANET MAKE-UP APPLICATION, RELEASE AND WAIVER OF ALL CLAIMS

I acknowledge by signing this release that I have been given the full opportunity to ask any and all questions which I might have about obtaining permanent make-up from **Brows Jungle, LLC** (hereafter called "Technician") and that all of my questions have been answered to my full and total satisfaction.

Procedure to be performed: _____

Equipment used: _____ Lot or model number: _____

I specifically acknowledge that I have been advised of the matters set forth below and agree as follows:

Initials at each line:

_____ I acknowledge that obtaining permanent make-up is my choice alone. The application of permanent make-up will result in a permanent change to my appearance, and that needles and inks will go into my skin. No representations have been made to me as to the ability to later restore the skin involved in permanent make-up to the original condition, and it is very costly to remove.

_____ I am not pregnant or nursing. I do not have any history of herpes infection at the proposed procedure site. I do not have epilepsy, diabetes, allergic reaction to latex or antibiotics, hemophilia, or other bleeding disorder. I do not have cardiac valve disease or suffer from any heart conditions or take medications that thins my blood.

_____ If I suffer from hepatitis, or other risk factors for bloodborne pathogen exposure, or any other communicable disease, I have informed the Technician of the fact and have been advised of any medications and procedure necessary to promote the satisfactory healing of my tattoo.

_____ I do not suffer from any medical or skin condition(s) such as, but not limited to: keloid or hypertrophic scarring, psoriasis at the site of the permanent make-up, or any open wounds or lesions at the site of the tattoo.

_____ I do not have a history of medication use or currently using medication, including being prescribed antibiotics prior to dental or surgical procedures.

_____ I have advised the Technician of any allergies to latex gloves, soaps, or medications. I acknowledge it is not reasonably possible for the Technician to determine whether I might have allergic reaction to the permanent make-up process and further acknowledge that such reaction is possible.

_____ I have truthfully represented to the Technician that I am 18 years of age or older. I am not under the influence of any drugs or alcohol. 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 a tattoo at this time.

_____ I acknowledge infection is always possible as a result of permanent make-up application, and I agree to follow all suggested instructions concerning the care of the permanent make-up site while it is healing.

_____ I acknowledge and give consent to this permanent make-up studio to use images of my tattoo(s) for marketing and, or publishing purposes in various media such as the internet, magazine, printed, and or television ion etc.

_____ I understand I will have permanent make-up applied using appropriate instruments and sterilization techniques. I understand that the permanent make-up site usually takes 2 weeks or longer to heal. I agree to release and forever discharge, and hold harmless, the Technician, all employees, contractors, and the management of the permanent make-up studio from any and all claims of negligence, damages, or legal actions arising from or connected in any way with my tattoo, the procedure, and conduct used in my tattoo and assume all responsibility for the decision(s) made consenting to this permanent procedure.

_____ I am aware that permanent cosmetic inks, dyes, and pigments have not been approved by the federal Food and Drug Administration and that the health consequences of using these products are unknown.

NAME: _____

PHONE NUMBER: _____ **AGE:** _____ **DOB:** _____

ADDRESS: _____ **STATE:** _____ **ZIP:** _____

SIGNATURE: _____ **DATE:** _____