



release waiver

Thank you for trusting Body Regeneration llc. with your cosmetic tattooing services. Please fill out & return the waiver below prior to your appointment. Thank you.

Name (required)		First Name		Last Name	
Date of birth (required)					
Address (required)					
City (required)				State (required)	
Zip code (required)				Email (required)	
Phone (required)					

Valid ID Acknowledgement (required)

I understand that I am required to present a valid US government issued ID at the time of my procedure

Driver's License

Passport

What procedure are you having done today? (required)

Stretch Mark Camouflage Tattoo	Lip Blushing
Scalp Micropigmentation	Scar Camouflage Tattoo
Areola Repigmentation	Other (please list below)

If other, please list here:

How did you hear about Body Regeneration LLC.? (required)

CONFIDENTIAL MEDICAL HISTORY:

Are you currently under medical care?: (required)	Yes	No
Have you had any cosmetic injections in the last 3 months? (required)	Yes	No
Have you had Botox/Dysport or any other fillers in the last 2 weeks?: (required)	Yes	No
Are you pregnant or breastfeeding? (required)	Yes	No
Do you have any allergies? (required)	Yes	No

If yes, please list allergies here.

Are you prone to cold sores? (required)	Yes	No
Are you a hemophiliac? (required)	Yes	No
Do you take fish oil supplements or blood thinners? (required)	Yes	No
Do you have diabetes? (required)	Yes	No
Do you have any heart conditions? (required)	Yes	No
Do you have high or low blood pressure? (required)	Yes	No
Do you have Hepatitis A, B or C? (required)	Yes	No
Are you HIV positive? (required)	Yes	No
Do you have any contagious diseases? (required)	Yes	No
Do you have any skin conditions? (required)	Yes	No
Do you have or have you had cancer? (required)	Yes	No
Have you been under the influence of drugs or alcohol in the last 24 hours? (required)	Yes	No
Have you had any caffeine in the last 24 hours? (required)	Yes	No
Are you currently taking any pain medications, over the counter or prescribed? (required)	Yes	No

If yes, please list here:

Are you currently taking any immunosuppresants? (required)	Yes	No
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If yes, please list here:

Are you taking Acutane? (required)	Yes	No
Are you currently using Retin-A or rapid exfoliators? (required)	Yes	No

How would you describe your skin? (required)

- Dry
- Oily
- Combination
- Unsure

Do you have, or are you prone to... (required)

- Acne
- Rosacea
- Hyperpigmentation
- None of these

Are you prone to or do you currently have... (required)

- Scar Tissue
- Keloid
- Concave Scarring
- Prior permanent cosmetics
- None of these

Is there any other information you feel you should provide to your technician; any other issues you wish to discuss or address prior to your procedure?

RISKS AND HAZARDS ACKNOWLEDGEMENT (required)

Please check each box to indicate that you have read through it and understand it completely.

I understand makeup is a form of permanent tattoo that requires implantation of pigment through my skin using a needle.
I understand the risks and hazards related to the performance of this procedure which may include, but are not limited to: infection, allergic reaction to pigment and/or other products used, dizziness, bleeding, bruising, swelling, scarring, difficulties in detecting melanoma, fading and fanning/spreading and/or pigment migration.
I understand that it is my responsibility to advise my technician of any questions or concerns I have prior to the start of my procedure, even if I have not included them here in this form.
I understand there is a no refund policy, and no warranty or guarantee has been made to me as a result of this procedure.
Although my technician will do their best to assure I am happy with the result, the final result cannot be guaranteed.



I understand that tattoo inks/dyes, pigments have not been approved by the Federal Food & Drug Administration (FDA) and that health consequences of these products is unknown.

I understand that some permanent pigment can only be removed with a surgical procedure; effective removal may leave permanent scarring or disfigurement.

Also under rare circumstances, misplacement of the permanent makeup pigment can occur, requiring excision of the misplaced permanent makeup pigment, I will receive after care instructions and will ask questions if I do not understand them.

Further, I agree to follow ALL instructions concerning care following my procedure.

I am aware that I am required to return for a touch up procedure at 8 weeks following my initial procedure.

I understand I will be required to pay a fee for annual or subsequent touch ups.

PHOTO RELEASE WAIVER (required)

Please select one

I consent to have photo(s) and/or video of the procedure area before/after taken and shared for use in Body Regenesi LLC and Body Regenesi academy marketing efforts, including social media, website & print materials

I do not consent to have photo(s) and/or video of the procedure area before/after taken and shared for use in Body Regenesi LLC and Body Regenesi academy marketing efforts, including social media, website & print materials

COSMETIC TATTOOING CONSENT RELEASE (required)

Please check each box to indicate that you have read through it and understand it completely.

I am not under the influence of drugs or alcohol.

I do not have acne, freckles, moles, or sunburn in the area to be tattooed that might be agitated by the tattoo process (healing excluded).

I acknowledge that I am not pregnant.

I acknowledge that I have truthfully represented to the associates, agents and representatives of Body Regenesi LLC. that I am over eighteen (18) years of age

I acknowledge it is not reasonably possible for the associates, agents and representatives of Body Regenesi LLC. to determine whether I might have an allergic reaction to the dyes, pigments, or processes used in my tattoo and I agree to accept that such risks are possible.

I acknowledge that infection is always possible as a result of obtaining a tattoo particularly in the event that I do not take proper care of my tattoo, and that I have been advised of the signs and symptoms of infection that indicate a need to seek medical care.

I acknowledge receipt of written instructions advising me of proper care of my tattoo and recognize the absolute necessity of following these written instructions.

All questions about the body art procedure have been answered to my satisfaction.

I acknowledge that variations in color and design may exist between any cosmetic tattoos as selected by me and as ultimately applied to my body.

I acknowledge that cosmetic tattooing is a permanent change to my appearance and that no representations have been made to me as to the ability to later change, alter or remove my tattoo.

I acknowledge that the obtaining of my cosmetic tattoo is my choice alone and I consent to the application of the tattoo and to any actions or conduct of the associates, agents or representatives of Body Regeneration LLC. that are reasonably necessary to perform the tattoo procedure.

I agree to release and forever discharge and forever hold harmless Body Regeneration LLC. and its associates, agents, officers and shareholders from any and all claims, damages, or legal actions arising from or connected in any way with my tattoo or the procedures, and conduct used to apply my tattoo and any and all tattoos applied by Body Regeneration LLC. and its associates, agents and representatives in the future.

I agree to follow all instructions concerning the care of my cosmetic tattoo, and that any touch-ups needed because of my own negligence will be done at my own expense.

AUTHORIZATION/CONSENT (required)

Please type your name in full to indicate your agreement to this authorization for treatment.

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Today's date (required)

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Artist (required).

Courtney Conley

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Needle lot # (required)

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