



## PERMANENT MAKE-UP (PMU) CONSENT FORM

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 \_\_\_\_\_ (hereafter called "Technician") and that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the matters set forth below and agree as follows:

Initial 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 pigments will penetrate the surface of my skin. No representations have been made to me as to ability to later restore the skin involved in permanent make-up to the original condition, and it can be 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 condition or take medications that thins my blood.

\_\_\_\_\_ If I suffer from hepatitis, or other risk factors for blood borne 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 permanent make-up procedure.

\_\_\_\_\_ 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 will refrain from caffeine products 24 hours prior to the procedure.

\_\_\_\_\_ 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 to the permanent make-up procedure and further acknowledge that such reaction is possible.

\_\_\_\_\_ I have truthfully represented to the Technician that I am 18 years of age and 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 permanent make-up at this time.

\_\_\_\_\_ I acknowledge and give consent to this permanent make-up studio to use images of my permanent procedure for marketing and, or publishing purposes in various media such as the internet, magazine, printed, television, 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, 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 permanent make-up, the procedure, and conduct used in my permanent procedure and assume all responsibility for the decision(s) made consenting to this permanent procedure.

\_\_\_\_\_ I understand that the result may vary depending on the skin type, lifestyle, aftercare, and other factors that affect the ink.

\_\_\_\_\_ Services provided cannot be refunded. We are open to feedbacks during the consultation and process during the appointment. Therefore, consenting to be treated, I understand and accept this policy.

\_\_\_\_\_ We have the right to refuse a client for any reason. Not being able to receive a touch up because we have made the decision to refuse to provide additional services to a client will not result in a refund of the initial appointment.

Print Name:

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Signature:

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Date:

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Date of Birth:

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