



Permanent Makeup
Consent & Liability Waiver

Full Name: D.O.B.(mm/dd/yyyy):
Phone Number: Email:
Address: City: Province:
Postal Code:

Photo Release(MANDATORY): I, understand and accept that as a part of my service, all or part of the service may be recorded and photographed. As such, it will be property of Salon U Regina and Emerald Park. I understand that these videos and photos will be used for learning, advertising, liability records and all other business purposes. By signing this, I consent to having my picture and/or video taken during this service and authorize the use for all business purposes of Salon U Regina and Emerald Park

Signature

Have you used or had any of the following?(Please check all that apply)

- Accutane Sunburn Microdermabrasion Ultrasound Skin Tightening
Retin-A or Retinol Products Chemical Peel Microneedling Permanent Make-Up
Retin-A Burns Laser Resurfacing BBglow Microblading
Glycolic Acid Photo Facial Dermaplaning Lash Enhancement Serums
Laser or IPL Treatments AHA/BHA Botox and/or Filler Lash Extensions
Electrolysis Blood Thinners Chemotherapy Radiation

When?

Medical Information(Please check all that apply)

- In Menopause Breast feeding Hypo/Hyperglycemia Hypo/Hyperpigmentation
Post Menopause Latex Allergy Fibromyalgia Cancer(Now or in the past)
Regular Periods HIV/AIDS High/low Blood Pressure Diabetes
Hormone Imbalance Herpes/Cold Sores Bleeding disorder Heart Conditions
Pregnant Hepatitis A,B, or C Keloid Scar(s) Pacemaker
Mental illness(Depression, anxiety, etc.) Epilepsy Anemia Nut Allergy

Details
Please list all other current health conditions as well as any pharmaceutical and homeopathic medication or supplements:

I declare that the above information provided is accurate and true to the best of my knowledge
Signature: Date:

# *Permanent Makeup, Microblading and SMP*

**Please read thoroughly and INITIAL to agree acknowledge and accept the following:**

\_\_\_ I agree that the decision to undergo this procedure is my choice alone.

\_\_\_ I understand that everyone's pain tolerance is different. I understand this procedure may cause some discomfort and I consent to the use of topical anesthetic to manage discomfort.

\_\_\_ I understand that mild to moderate swelling may occur in the affected area and usually dissipates in a few days.

\_\_\_ I understand that this procedure may cause some bruising that could last for up to 14 days.

\_\_\_ I understand that immediately after my procedure, my tattoo will appear very dark and that the colour will fade gradually within a few weeks.

\_\_\_ I am not under the influence of drugs or alcohol.

\_\_\_ I do not get cold sores or have Herpes, and if I do, I understand the risks..

\_\_\_ I currently do not have any type of infection or rash anywhere on my body.

\_\_\_ I do not have a history of keloid scars.

\_\_\_ I do not have diabetes, a history of hemophilia/abnormal bleeding, or an auto-immune disease/disorder that might affect healing of the procedure area.

\_\_\_ I do not have sensitivities or allergies to dyes, inks, or local anesthetics.

\_\_\_ I consent to have \_\_\_\_\_technicians name\_\_\_\_\_ perform the procedure and also to any actions or conducts that are reasonably necessary to perform this procedure.

\_\_\_ I understand that an allergic reaction to the products used during this procedure are rare but may occur. I accept the risk that such a reaction is possible.

\_\_\_ I understand that only sterile and properly sanitized equipment is used during the procedure but infection is always possible as a result of any invasive procedure, particularly when proper after care is not followed.

\_\_\_ I realize that variations in colour may exist between the colour(s) selected and how it will ultimately look after the procedure area has healed.

\_\_\_ I understand the final result will often not be obtained without returning for a touch up visit 4-6 weeks after my first visit. Any longer is like starting from square one, any sooner is risking deeper layers to not be healed completely and could result in scarring.

\_\_\_ I understand that all touch ups are at an additional cost and that no touch ups are included in the initial price.

\_\_\_ I understand that semi-permanent or permanent make-up procedures result in a change in my appearance.

\_\_\_ I accept that results last differently for everyone and no guarantees have been made on the duration of the result, only suggestions.

\_\_\_ I accept that results will be permanent, and are not able to be removed or changed.

\_\_\_ I understand that skin treatments such as laser hair removal, plastic surgery, botox, fillers, or other skin altering procedures may result in adverse changes to the procedure area.

\_\_\_ I acknowledge \_\_\_\_\_technicians name\_\_\_\_\_ does not guarantee the amount of colour that will be retained at the end of the healing process.

\_\_\_ I understand that factors such as skin type, skin tone, age, and lifestyle play a large factor in how much or little colour is retained.

\_\_\_ I completely understand that although efforts will be made to match the colour and/or shade I desire, the final healed colour and/or shade may not match exactly.

\_\_\_ I understand and accept the colour and/or shade may be significantly different than what was desired.

\_\_\_ I understand that any payment made to my technician at Salon U is non refundable under any circumstances.

\_\_\_ I acknowledge that I have been given the opportunity to ask questions, and that all of my questions have been answered to my satisfaction.

\_\_\_ I certify that I have been given a physical form of sufficient post-care information and if lost, have the ability to retrieve the post care information from the Salon U website and agree to follow all instructions carefully.

\_\_\_ I approve the shape/design that \_\_\_\_\_ technicians name \_\_\_\_\_ has created/explained and have been given an opportunity to modify it, I attest that the final shape/design was agreed upon by myself and my technician

I hereby release, \_\_\_\_\_ technicians name \_\_\_\_\_, Salon U, all technicians, and employees from any and all actions, claims and demands for damages, loss or injury, which I could have, or may have in the future arising out of or in any way relating to any and all injuries, loss or damages that may develop in the future relating to any personal service provided by \_\_\_\_\_ technicians name \_\_\_\_\_ at Salon U.

**I certify that I have read the information form thoroughly, that I fully understand it and that by signing below I have the capacity to provide consent, and that I am providing consent freely and voluntarily.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Technicians Signature:** \_\_\_\_\_