

I, _____ acknowledge that I have been given the full opportunity to ask any questions which I may have. I also acknowledge that all my questions have been answered to my full satisfaction. I specifically acknowledge that I have been advised of the fact of the matters set below, and I agree as follows:

I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to any of the inks used, topical preparations, aftercare ointment, or processes in the procedure, and I agree to accept the risk that such a reaction is possible. I have informed the practitioner of any existing allergies and sensitivities. _____ **(Initial)**.

I acknowledge that complications are always possible as a result of the permanent makeup procedure, particularly in an event where post procedural instructions are not followed. _____ **(Initial)**.

I realize that my body is unique, and the practitioner cannot predict how my skin may react or how my treatment results may heal as a result of the procedure. _____ **(Initial)**.

I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the result. _____ **(Initial)**.

I understand that future laser treatments or other skin altering procedures may alter or degrade my permanent makeup. I further understand that such changes are not the fault of the practitioner. I further understand that such changes may not be correctable through further permanent makeup services. For the purpose of education or assistance, I consent to the admittance of authorized observers to the procedure. _____ **(Initial)**.

I understand that taking Before and After pictures is a condition of such procedures. I hereby forever release and discharge Thereasa Dougan from any and all claims, action and demands arising out of use of said photographs for website. _____ **(Initial)**.

The color and shape of the brow is chosen with the professional opinion of the artist. The service will not be performed if the client does not approve of the color of ink or design of the brow. I consent to the color and to the shape the artist has shown to me before performing the service. _____ **(Initial)**.

I acknowledge that the obtaining of the permanent makeup procedure is by my choice alone, and I consent to the application of the procedure and to its risks, and to any conduct or actions of the practitioner reasonably necessary to perform the procedure. _____ **(Initial)**.

Client Signature: _____ Date: _____