



Sarah L. Kennedy Permanent Cosmetic Make-Up Client Consent Form

Please check the appropriate box below:

Eyebrows Eyeliner Lips Other

Please read carefully and initial each of the below statements, indicating that you give consent and understand each one.

_____ 1. I absolutely understand and accept that such procedure is a process, often requiring multiple applications of color to achieve desirable results and that 100% success cannot be guaranteed.

_____ 2. I have received, reviewed, and understand the post-procedural instructions as given to me and agree to follow them.

_____ 3. Depending on the procedure(s) which I select, I accept responsibility for determining the color, shape, and position of eyebrows, eyeliners, lip liner and/or full lip color or other pigmentation.

_____ 4. I understand that lash tinting or brow tinting must be done one week prior, or two weeks after the procedure, and touch-up application procedures must be treated the same.

_____ 5. If I use contacts, I realize that I must keep my contacts out the day of an eyeliner procedure.

_____ 6. I understand that this procedure will fade and this fading can alter the original pigment color and that this simply determines that it is time for a touch-up visit.

_____ 7. I realize this is an elective cosmetic procedure, not an exact science, and it is not medically necessary.

_____ 8. It has been explained to me that the following possibilities may occur: minor and temporary redness or swelling; fading or loss of pigment.

_____ 9. I understand that laser procedures for hair removal around the mouth area can turn permanent lip color dark or even black, unless covered.

_____ 10. I understand that before and after photos are a standard requirement.

_____ 11. I understand that the Red Cross requires a one year waiting period for blood donations after tattoos.

I, _____, **request and consent to the application of permanent color.**

Client Signature

Date

Witness Signature

Location