

**PLACE TO BE YOU**  
**Disclosure and Release Agreement for Permanent Makeup**

Today's Date \_\_\_\_\_  
Name \_\_\_\_\_ Birthday \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

I \_\_\_\_\_ am over the age of 18, I am not under the influence of drugs or alcohol, I am not pregnant or nursing and I agree to receive the procedure(s) below.

Procedure(s): \_\_\_\_\_  
Cost: \_\_\_\_\_

X \_\_\_\_\_ I have been informed of the nature, risks, and possible complications and consequences of the procedure(s). I understand the possible complications associated with this type of cosmetic procedure(s), including but not limited to: infection, scarring, inconsistent color, and spreading, fanning, or fading of pigment. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply eye contacts too soon after an eyeliner procedure.

X \_\_\_\_\_ I understand that the actual color of the pigment may change slightly due to the tone and color of my skin. I fully understand that this process is not an exact science but an art. I agree to the procedure(s), and accept the permanence of it, as well as the possible complications and consequences of the said procedure(s).

X \_\_\_\_\_ There is a possibility of an allergic reaction to pigments. A patch test is advisable; however, it does not ensure a client will not have an allergic reaction. I consent \_\_\_\_ (initial) or waive \_\_\_\_ (initial) the patch test. If waived, I release Cherie Scalzi from liability an allergic reaction to the pigment. I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedure(s), it may result in adverse changes to the permanent cosmetic procedure(s). I acknowledge some of these potential adverse changes may not be correctable.

X \_\_\_\_\_ I have received the "Before and After Care" forms and I will strictly adhere to such instructions.

X \_\_\_\_\_ I understand that my failure to do so may jeopardize my chances for a successful cosmetic procedure(s). If I am on medication such as anti-depressant or any other mood altering prescription, I will advise Cherie Scalzi. If I have ever had cold sores, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure(s) around my lips.

X \_\_\_\_\_ I understand that pigments coloring, inks, and dyes have not been approved by the FDA and that health consequences of using these products are unknown.

X \_\_\_\_\_ I understand that no warranty or guarantee has been made to me as a result of this procedure(s), and that the final result cannot be guaranteed.

X \_\_\_\_\_ I understand this cosmetic procedure(s) is considered permanent, however, it will fade with time.

X \_\_\_\_\_ I have been given the opportunity to ask questions about the procedure(s), the risks, and the hazards involved.

X \_\_\_\_\_ I believe that I have sufficient information to give an informed consent.

X \_\_\_ I understand that the taking of “before and after” photographs of the said procedure(s) are a condition of such procedure(s). I certify that I have read and initialed the above paragraphs and have had been explained to my understanding this consent and the procedure requested. I accept full responsibility for the decision to have this cosmetic procedure(s) done.

As a client, you have the responsibility to inform Cherie Scalzi of all possible concerns. Please read the following and initial before each statement.

X \_\_\_ I understand that it is my responsibility to advise Cherie Scalzi of any concerns I may have before the procedure(s).

X \_\_\_ I am free from drug and alcohol use or any other substances.

X \_\_\_ I have no known allergies.

X \_\_\_ I release Cherie Scalzi of all claims for injury, seen or unseen that may occur as a result of this procedure(s).

X \_\_\_ I understand that if a touch-up session is needed, it would be at an additional cost which has been explained to me in detail.

I fully understand the questions, terms, and conditions of this “Disclosure and Release Agreement”, and all has been explained to me in a clear manner. I certify that I personally completed this form, and that all entries and information are correct and completed to the best of my knowledge.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Cherie Scalzi: \_\_\_\_\_ Date: \_\_\_\_\_

I herby acknowledge that I have been given the “Aftercare Treatment Instructions”. I understand that it is my responsibility to follow these instructions in order to insure proper healing of the treated area(s).

Client Signature: \_\_\_\_\_