

In consideration of receiving Permanent Makeup or a Piercing from (Name of Artist) _____, at (Name of Studio/Shop) _____ (together with it's employees, apprentices and independent agents or guests of the "Body Art Facility", in the County of _____, within the State of _____, I AGREE TO THE FOLLOWING

<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div> <p style="text-align: center;">Initial</p>	<p>That I, _____ (clearly PRINT your name) have been fully informed of the inherent risks, associated with getting permanent makeup or a piercing. I fully understand that these risks, known and unknown, can lead to injury, including but not limited to infection, scarring, difficulties in detecting melanoma and allergic reactions to permanent makeup pigment, latex gloves, and/or soap. Having been informed of the potential risks associated with getting permanent makeup or a piercing, I still wish to proceed with the permanent makeup application or piercing and I freely accept and expressly assume any and all risks that may arise from this action.</p>
<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div> <p style="text-align: center;">Initial</p>	<p>TO WAIVE AND RELEASE to the fullest extent permitted by law each of the Artist/Piercer and the "Body Art Facility" from all liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including any direct and/or consequential damages, which result or arise from the application of my permanent makeup application or piercing, whether caused by the negligence or fault of either the Artist, or the Body Art Facility, or otherwise.</p>
<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div> <p style="text-align: center;">Initial</p>	<p>That both the Artist and the Body Art Facility have given me the full opportunity to ask any and all questions about the application of my permanent makeup or piercing, and all of my questions have been answered to my total satisfaction.</p>
<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div> <p style="text-align: center;">Initial</p>	<p>The Artist and the Body Art Facility have given me verbal and written post procedure instructions on the care of my permanent makeup application or piercing while it's healing, and I understand them and will follow them. I acknowledge that it is possible that the permanent makeup application or piercing can become infected, particularly if I do not follow the instructions given to me. I agree that it is my responsibility to contact the Studio, Artist if there are signs and symptoms of infection, including, but not limited to, redness, swelling, tenderness of the procedure site, red streaks going from the procedure site towards the heart, elevated body temperature, or purulent drainage from the procedure site. If any touch-up work to the permanent makeup or piercing is needed due to my own negligence, I agree that the work will be done at my own expense.</p>
<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div> <p style="text-align: center;">Initial</p>	<p>I am not under the influence of alcohol or drugs, and I am voluntarily submitting to be tattooed by the Artist without duress or coercion.</p>
<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div> <p style="text-align: center;">Initial</p>	<p>I do not have diabetes, epilepsy, hemophilia, herpes, a heart condition, nor do I take blood thinning medication. I do not have any other medical or skin condition that may interfere with the application or healing of permanent makeup or a piercing. I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed preventive regimen of anti-biotics that is required by my doctor in advance of any invasive procedure such as permanent makeup or piercing. I am not pregnant or nursing. I do not have a mental impairment that may affect my judgment in getting permanent makeup or a piercing. I do not have allergic reactions to latex.</p>
<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div> <p style="text-align: center;">Initial</p>	<p>I understand that over time, the colors and the clarity of my permanent makeup will fade due to unprotected exposure to the sun and the naturally occurring dispersion of pigment under the skin.</p>
<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;"></div> <p style="text-align: center;">Initial</p>	<p>The application of permanent makeup is a permanent change to my appearance and can only be removed by laser or surgical means, which can be disfiguring and/or costly and which in all likelihood will not result in the restoration of my skin to its exact appearance before being tattooed.</p>

Initial	I release all rights to any photographs taken of me and the permanent makeup or piercing and give consent in advance to their reproduction in print or electronic form. (If you do not initial this provision, please advise and remind your Artist and the Body Art Facility NOT to take any pictures of you and your completed permanent makeup application or piercing!).
Initial	I agree to reimburse each of the Artists, and the Body Art Facility for any attorneys' fees and costs incurred in any legal action I bring against either the Artist or the Body Art Facility and in which either the Artist or the Body Art Facility is the prevailing party. I agree that the courts of California_State, in Tulare County, shall have personal jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigating any dispute arising out of or related to this agreement.
Initial	I acknowledge that I have been given adequate opportunity to read and understand this document, that it was not presented to me at the last minute, and I understand that I am signing a legal contract waiving certain rights to recover against the Artist and the Body Art Facility.

If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

I hereby declare that I am of legal age (and have provided valid proof of age) and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.

All Sales Are Final!

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Print Full Name:		Date of Birth:	
Full Address:		Telephone:	
Signature of Participant:	X _____	Date:	
Signature of Parent or Legal Guardian. If Participant is a Minor Signature is required below	By signing below as the minors legal guardian or parent, I understand and agree that with my signature and by their signature they, on my behalf, release all claims that both they and I currently have or may have in the future.		
Signature of Parent or Guardian:	X _____	Date:	

Sterile Disposable Equipment _____ Colors Used _____

COPY OF IDENTIFICATION HERE