



*Eyeliner Procedure Contract*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Medical History:**

Emergency Contact Name: \_\_\_\_\_

Phone Number : \_\_\_\_\_

Your Physician and Contact Number : \_\_\_\_\_

**Do you have or have you ever had any of the following conditions (Yes or No):**

- |  |   |
|--|---|
| <input type="checkbox"/> Abnormal Heart Condition  | <input type="checkbox"/> Cold Sores/Fever blisters/Herpes Simplex |
| <input type="checkbox"/> HIV/AIDS  | <input type="checkbox"/> Hemophilia                               |
| <input type="checkbox"/> High or Low Blood Pressure  | <input type="checkbox"/> Prolonged Bleeding                       |
| <input type="checkbox"/> Circulatory Problems  | <input type="checkbox"/> Epilepsy                                 |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Fainting Spells/Dizziness                |
| <input type="checkbox"/> Cataracts   | <input type="checkbox"/> Glaucoma                                 |
| <input type="checkbox"/> Dry Eye   | <input type="checkbox"/> Corneal Abrasions                        |
| <input type="checkbox"/> Eye Surgery or Injury   | <input type="checkbox"/> Blepharoplasty (eyelid surgery)          |
| <input type="checkbox"/> Visual Disturbances   | <input type="checkbox"/> Cancer                                   |
| <input type="checkbox"/> Tumors/Growths/Cysts  | <input type="checkbox"/> Chemotherapy/Radiation                   |
| <input type="checkbox"/> Are you pregnant or nursing?  | <input type="checkbox"/> Hepatitis                                |
| <input type="checkbox"/> Do you wear contact lenses?   | <input type="checkbox"/> Do you use tobacco products?             |
| <input type="checkbox"/> Are you using any eye drops or other ocular medications? Lash growing?                      |   |
| <input type="checkbox"/> Have you ever experienced hyperpigmentation from an injury?                                 |   |
| <input type="checkbox"/> Keloid scarring?  |   |
| <input type="checkbox"/> Are you currently taking aspirin, ibuprofen, blood thinners, fish oil, vitamin E, flax seed |   |

**CONSENT**

By signing this agreement, I acknowledge that I have been given the full opportunity to ask any and all questions which I might have about the Eyeliner Tattoo procedure and that all my questions have been answered to my full satisfaction. I specifically acknowledge I have been advised of the facts and matters set forth below.

I agree as follows (please indicate all that apply with INITIALS)

\_\_\_ I am over the age of eighteen and that I have truthfully represented to my technician that undergoing the procedure is by my choice alone.

\_\_\_ I have no physical, mental, medical disability or impairment that may affect my decision process.

\_\_\_ I desire to receive permanent cosmetic tattooing procedures

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

\_\_\_\_\_ I do not use blood thinners or other medications that may increase my bleeding time.

\_\_\_\_\_ I do not have diabetes, a history of hemophilia/abnormal bleeding, hair loss, or any other medical condition that might affect healing of the procedure area.

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

\_\_\_\_\_ I do not have freckles, moles, or sunburn in the procedure area.

\_\_\_\_\_ I do not have any sensitivity to dyes or local anesthetics (examples; lidocaine, tetracaine or prilocaine, epinephrine).

\_\_\_\_\_ I have been informed that tattoo removal may require 6 to 12 treatments for success and may cause scarring and not completely remove all the pigment/pink.

\_\_\_\_\_ I understand that permanent skin pigmentation procedures carries with it known and unknown complications and consequences, including but not limited to: pain, discomfort, infection, scarring, inconsistent color, and spreading, fanning for fading of pigments; all of these are very rare. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure. I accept the permanence of the procedure as well as all-possible complications and consequences of the procedure.

\_\_\_\_\_ I accept full responsibility for any and all present and future medical treatments and expenses I may incur in the event I need to seek treatment for any unknown or known reason associated with permanent cosmetic procedures I am consenting to undergo

\_\_\_\_\_ There is a possibility of an allergic reaction to pigment/Ink

\_\_\_\_\_ Being of sound body and mind I, myself, heirs, family members, legal representatives of myself agree not to sue or hold Suzan Nowaczynski Locke /Locked Ink & Beauty Studio responsible in any connection with any and all damages, claims, demands, rights and or causes of action of any kind or nature based upon injury damages death of myself whether or not caused by Locked ink & beauty Studio /Suzan Nowaczynski-Locke.

\_\_\_\_\_ I understand Suzan Locke has the right to refuse service at any time

\_\_\_\_\_ I have received aftercare instructions and agree to follow them.

\_\_\_\_\_ I consent to have \_\_\_\_\_ perform the procedure.

\_\_\_\_\_ There are certain medications that may alter your results and require additional touch up work.

Please LIST all Medications you are on, including Supplements. \_\_\_\_\_

I acknowledge that:

- I might have an allergic reaction to the pigments or anesthetic cream used in my procedure and I accept the risk that such infection is possible.
- Infection is always possible as a result of the procedure, particularly in the event that I do not take proper care of the area following the procedure.
- I realize that variations in colour may exist between the colour selected and how it will ultimately look after my eyeliner has healed. I also realize that the procedure area will be dark for approximately the first six days and will lighten thereafter.
- The final result will often not be obtained without returning for the touch up visit to reshape or augment areas within the eyeliner. This is usually done 2-3 weeks after the initial visit. Additional costs may be added to my touchup visit if it has been longer then the 2 to 3 weeks that is recommended. The final appearance of the eyeliner will be achieved four weeks after the final visit.
- Eyeliner Tattooing will result in a permanent change to my appearance and that no representation has been made to me as to the ability to later change or remove the results.
- Skin treatments such as laser hair removal, plastic surgery or other skin altering procedures may result in adverse changes to the procedure area.
- For all subsequent follow-up touch up appointments in the future I am bound to the contract and agreement from this day forward.
- We have a No Refund Policy. If you are dissatisfied with your service please contact us to discuss options but we do not refund money for the procedure. Thank you~!

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

Date: \_\_\_\_\_

Name of technician: \_\_\_\_\_

Signature \_\_\_\_\_

**PHOTO RELEASE**

This form confirms the agreement between you and Suzan Locke regarding your procedure, in which you may be photographed or videotaped from time to time. For consideration received, you hereby irrevocably grant Suzan Locke/Locked Ink and Beauty studio perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, internet and other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken as a result of your procedure. You hereby agree that you will not bring or consent to others bringing claim or action against Suzan Locke/Locked Ink and Beauty studio on the grounds that anything contained in the property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on you, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. You hereby release Suzan Locke/Locked Ink and Beauty studio, its directors, officers, successors, and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that you may hereafter have against Suzan Locke/Locked Ink and Beauty studio in connection with the property. This agreement shall not obligate Suzan Locke/Locked Ink and Beauty studio to use the property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the property.

Suzan Locke/Locked Ink and Beauty studio shall have the right to assign its rights hereunder, without your consent, in whole or in part, to any person, firm, or corporation.

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

I, \_\_\_\_\_, approve of the shape/design created by my pmu specialist, and have been given full opportunity to modify it.

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