Name: Date:

(Please initial the line next to the number after you clearly understand each statement.)

1.\_\_\_\_\_\_ I have informed the practitioner of any and all of my known allergies. I acknowledge that it is not always reasonably possible to determine in advance whether I might have an allergic reaction to any of the pigments, dye, ink, topical preparations, or processes used in the procedure; and I agree to accept the risk that such reaction is possible.

2.\_\_\_\_\_\_ I acknowledge that complications as a result of semi-permanent and permanent makeup procedures may occur, particularly in the event that the post procedural instructions are not followed and accept full responsibility for such complications.

3.\_\_\_\_\_\_ I realize that my body is unique and that hyperpigmentation or hypopigmentation, or scarring is a possibility and neither Mackenzie Dimino nor her employees or contractors can predict how my skin may react as a result of the procedure.

4a.\_\_\_\_\_ I have previously had permanent makeup or microblading performed by someone other than Mackenzie Dimino on the same area I am asking Mackenzie Dimino to work on today. \_\_\_\_Yes \_\_\_\_\_ No

4b.\_\_\_\_\_ If yes, I understand that correcting or touching up permanent makeup that was performed by others involves additional risk because of existence or permanent pigments of unknown compositions, brand, color, age, shape, and other factors over which Mackenzie Dimino has no control. I understand that additional appointments after the initial follow up appointments may be required and will be billed at Mackenzie Diminos’ standard rates. I understand that Mackenzie Dimino cannot predict the results in advance and CANNOT GUARANTEE AND HAS NOT REPRESENTED that the results will be as I desire. I understand and fully accept the risk associated with this procedure and hold Mackenzie Dimino and her employees or contractors harmless from the same.

5.\_\_\_\_\_\_ I acknowledge that the procedure will result in long lasting (many years) change to my appearance and that no representations have been made to me as to that the ability to later change or remove the results.

6.\_\_\_\_\_\_ I understand that implanting pigment can turn color or fade over time due to circumstances beyond the control of Mackenzie Dimino and her employees or contractors. The original color may be altered by things such as sun exposure, tanning beds, skin care products, pools, salinity levels of persons eyes/skin, general health and other factors. I understand that I will need to maintain color with future appointments.

7.\_\_\_\_\_\_ I understand that future skin altering procedures such as laser treatments, plastic surgery, implants, and/or injections may alter and degrade my permanent makeup, and that I must inform any future service provider that I have had permanent makeup applied. I understand that such changes are not the fault of Mackenzie Dimino or her employees or contractors. I further understand that such changes or degradation in my appearance may not be correctable through further permanent makeup procedures.

8.\_\_\_\_\_\_ I consent to the admittance of otherized observers to the procedure(s) for the purpose of education or assistance.

9.\_\_\_\_\_\_ I acknowledge that obtaining permanent makeup is my choice alone and I consent to the procedure and to its attendant risk, and to any actions or conduct of Mackenzie Dimino and her employees and contractors reasonably necessary to perform the procedure.

10.\_\_\_\_\_\_ I understand that I will have the opportunity to approve the design and color of the semi-permanent makeup to be applied, and I accept responsibility for the same.

11.\_\_\_\_\_\_ I consent to any relevant photographs being taken both before and after the procedure, to document the results of the procedure strictly for the internal use of Mackenzie Dimino.

12.\_\_\_\_\_\_ [Optional/Requested] I consent to Mackenzie Dimino using “before & after” photos of me for marketing purposes to display its capabilities and results. If I do provide consent, I may at any time withdraw such content for specific photographs by contacting Mackenzie Dimino in writing, which will then discontinue use of said photo(s).

13.\_\_\_\_\_\_ I have been given the full opportunity to ask any and all questions which I might have about obtaining semi-permanent cosmetic procedures from a micro-pigmentation and microblading specialist, and that all of my questions have been answered to my full and total satisfaction.

14.\_\_\_\_\_\_ If you have previously had micropigmentation performed by Mackenzie Dimino, has your medical history changed since you last filled out the Medical Profile form?

\_\_\_\_\_Yes \_\_\_\_\_No

If YES, please specify.

15.\_\_\_\_\_\_ I understand that there will be NO refunds after treatment of this elective procedure(s).

16.\_\_\_\_\_\_I understand that my initial visit DOES NOT include the follow up touch up appointment at 4-6 weeks. I understand the touch up is $50 at 4-6 weeks ONLY.

17.\_\_\_\_\_\_ Some skin types, semi-permanent makeup may be a multi-session process. In addition to your initial application and your 4-6 week touch up, you may require more touch ups for desired results.

18.\_\_\_\_\_\_I understand if I go passed the 4-6 week touch up window, my 4-6 week touch up will go up in price depending on time.

19.\_\_\_\_\_\_ I understand that there is a deposit in the amount of $50 to schedule microblading/permanent procedure. It is non-refundable.

20.\_\_\_\_\_\_ For cancellation or rescheduling of initial appointment, I acknowledge and accept, that I, the client, will notify Mackenzie Dimino 24 hours prior to scheduled appointment, otherwise my deposit will be forfeited and NOT applied to the final fee for services rendered. You will need to put an additional deposit.

21.\_\_\_\_\_\_ The fee for permanent makeup services has been explained to me and has been agreed upon, I understand the total fee for services rendered is due prior to completion of the initial procedure(s) and that there will be separate fees for any future modification of the design(s) or major color change(s).

22.\_\_\_\_\_\_ I agree that Mackenzie Dimino and her employees and contractor’s liability is limited to the cost of the procedure performed unless it is proven that Mackenzie Dimino was negligent in the performance of duties. In the event of disputes that cannot be amicably resolved, Mackenzie Dimino and client agree to a binding arbitration between the two parties to resolve disputes.

23.\_\_\_\_\_\_ I have read and understand the contents of each statement above. I acknowledge that this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from, or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent, I am of sound mind, and capable of making independent decisions for myself.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name (Please Print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date