



Spa Saturday

**DISCLOSURE AND RELEASE FORM
FOR IMPLANTATION OF PIGMENT**

FOR: EYELINER, EYEBROWS, LIPS, RECOLORATION AND CAMOUFLAGE

Spa Saturday appreciates your patronage and interest in new and improved techniques of Permanent Makeup. Please read and fill out this Disclosure and Release form completely, making certain that the address and telephone numbers are correct.

Name: _____

Address/City/State/Zip: _____

Age: _____ Phone #: _____ Date/Time: _____

You have the right to be informed so that you may make the decision whether or not to undergo the procedure, after knowing the risks and hazards involved. This disclosure is not meant to frighten you. It is simply an effort to make you better informed so you may give, or withhold, your consent to the procedure.

CLIENT DISCLOSURE

Please read the statements below, putting your initials before each one, to indicate:

I understand the following completely:

_____ That no warranty or guarantee has been made to me as a result of this permanent makeup/camouflage/correction procedure, and that the final result cannot be guaranteed.

_____ That there may be risks and hazards related to the performance of this procedure planned for me.

_____ I realize that there is potential for discomfort during the procedure and during the healing process.

_____ There is a possibility of bleeding, swelling, and allergic reactions to the dye.

_____ That tattooing is considered permanent, however, it may fade with time.

_____ That a tattoo can only be removed with a surgical procedure, and that any effective removal may leave permanent scarring or disfigurement.

_____ That misplacement of the dye can occur, under rare circumstances, requiring excision of the misplaced dye. In rare cases, there may be permanent loss of eyelashes.

_____ I have been given the opportunity to ask questions about the procedure, the risks, and the hazards involved.

_____ I believe that I have sufficient information to give this informed consent.

_____ That Spa Saturday will not, under any circumstance, perform any permanent makeup procedures on me if I am known to have **any** allergies.

CLIENT ACKNOWLEDGMENT AND RESPONSIBILITY TO INFORM THE TECHNICIAN

Whereas Spa Saturday instructional courses or tradeshow may require a model to demonstrate and perform permanent makeup services on, the CLIENT acknowledges and hereby agrees to the following considerations and conditions of being a model wherever applicable:

CLIENT agrees and understands that an Instructor or student technician(s) may be performing permanent makeup procedures on them and, CLIENT acknowledges that student technicians whether beginners or advanced, may be conducting procedures as training, for the purpose of hands-on instruction and exam. CLIENT agrees and understands that Spa Saturday Instructors make every effort to oversee and monitor a student's work, but other than being enrolled in our course, students are not affiliated in any way with Spa Saturday as an officer, employee, agent or subsidiary.

CLIENT agrees and understands that as a courtesy from time to time, Spa Saturday may provide additional consultation and technicians to perform permanent makeup services for our clients at shows or classes. CLIENT understands that an independent, licensed, permanent makeup technician may be contracted to perform permanent makeup procedures on them and, CLIENT acknowledges that this technician may be conducting business as an Independent Contractor, not affiliated in any way with Spa Saturday as an officer, employee, agent or subsidiary.

Printed name of Technician : _____

CLIENT further agrees to indemnify and hold harmless Spa Saturday, its governing officers, consultants, employees, agents, and subsidiaries, from any claim of liability, losses, damages, or any expenses whatsoever as a result of any claims, demands, damages, costs or judgments including, but not limited to, claims based on negligence against it, that may arise in connection with the services performed by an independently contracted technician.

This Agreement is intended to be an addendum to any previous conditions, releases, or hold harmless agreements, in written form, verbal, or manually communicated between Spa Saturday and its client in connection with permanent makeup procedures.

The CLIENT has been given a copy of this Agreement prior to the permanent makeup procedures being performed, and has been given the opportunity to attain reasonable understanding of this Agreement, including the opportunity to ask questions, either by written, verbal or manual communication prior to the signing of this document.

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

_____ I understand that I must inform my technician of all medications being taken by me, even though I have written it on the General Medical History and Confidential Medical History forms. For example, pain control medication such as aspirin may cause the blood to thin, and excessive bleeding may occur.

_____ I understand that it is my responsibility to advise the technician of **any** concerns I may have before they begin the procedure, even though I may have written it down on the form.

_____ I understand that the demonstrating technician may not be from the local area, and that if I would like to have any touch ups done by this technician, I may need to go where he/she is generally located.

_____ I am free from drug and alcohol use or any other substances.

_____ I am not pregnant.

_____ I have no known allergies to **anything**. I release Spa Saturday and its representatives and subsidiaries of all claims for injury, seen or unseen that may occur as a result of this procedure.