



PERMANENT MAKEUP & EYELASH ARTISTRY
 1617 Kapiolani Blvd. #204, Hon, HI 96814
 Phone: 808-368-3709 Web: alluringllc.com

Consent Form

Name _____ Birthday _____
 Address _____ Occupation _____
 Email Address _____ Phone # _____ Other # _____
 Emergency Contact _____ Relation _____ Phone# _____

Procedure Desired: Lash Enhancer _____ Eye liner _____ Eyebrows _____ Lip Enhancement _____
 Beauty Mark _____ Retouch _____ Areola Restoration _____

PLEASE INITIAL TO VERIFY THAT YOU COMPLY:

- _____ It has been explained to me that this procedure is a form of tattooing used for the use of permanent cosmetic makeup and skin imperfection camouflaging.
- _____ I understand that there may be some pain involved during the procedure. Each person has different tolerance levels depending on each individual's threshold. We do use a topical anesthetic to help lessen discomfort.
- _____ I understand that pigment colors may fade and may not match perfectly or appear exactly as expected. There is no guarantee of how much color will stay in the skin. My body may reject the pigment. There may be additional fees for retouches.
- _____ I understand that there may be temporary swelling, bruising, redness, minor bleeding, and tenderness up to 72 hours after the procedure.
- _____ As each individual is different, it is impossible to say in advance exactly how much pigment retention can be expected. The amount of pigment retained or lost after each application is not a reflection of the quality of the work; it depends entirely on the chemical and genetic make up on one's body, in which there is no control.
- _____ Due to individual skin type, multiple applications may be needed depending on the desired darkness, shape and density.
- _____ An allergic reaction from pigment, anesthetic, and aftercare lotion are extremely rare, but possible. I accept and understand that I may get a reaction from this procedure. I release **Alluring LLC** from any liability related to any allergies or other reaction from Permanent Makeup and Camouflage procedure.
- _____ I will be given after care instructions and will abide by all instructions to avoid infection and allow proper healing.
- _____ I have been given the opportunity to ask questions about the procedure and fully understand and know that I have sufficient information and knowledge to give this informed consent to **Alluring LLC** and may go proceed with the agreed procedure.
- _____ I am over the age of 18 years old.
- _____ I understand it is required to have photographs taken of my permanent make up for documentation purposes only.
- *_____ I give my consent to use my photographs of my permanent makeup for web site and portfolio purposes, which is used for educational or informational purposes only.

The finest pigments and the most current advanced equipment available are used. **Alluring LLC** is certified and licensed by the State of Hawaii for tattooing and is regulated by the Board of Health. All OSHA regulations are followed for sterile conditions and a clean environment. All technicians practice under sterile conditions to prevent cross contamination between each client.

FOR LIP PROCEDURE ONLY:

Due to unknown Herpes Simplex I Virus (cold sores on the outer edge of the mouth), a breakout of lesions may occur around area of application. I understand that a breakout may occur and I accept the risks and complications that may be involved.

 Client Signature

 Date

I hereby acknowledge that I am fully aware that **Alluring LLC** is a center for permanent makeup and skin imperfections. It is understood that I will not hold **Alluring LLC** technicians accountable for any injury or damages that may occur to me as a result of the work performed on me at this facility. I understand the risks, possible complications, and consequences of the permanent makeup procedure.

I have read and initialed the above statements. I had this consent form explained and fully understand all the contents and procedures. I accept full responsibility for any complications that may arise or result during or following the permanent cosmetic makeup procedure. I understand that **Alluring LLC** has a no refund policy, regardless of individual outcomes of expectations that have not been met or problems that have occurred from this procedure.

Signature _____ Date _____