



CONSENT FOR MICRO-PIGMENTATION (TATTOO) "PERMANENT MAKE-UP PROCEDURE"

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I, the undersigned and the person named above, hereinafter referred to as CUSTOMER, have been dually informed by Everlasting Makeup LLC Kerry M. Grise hereinafter referred to as OPERATOR, of the nature, risk and possible complication and consequences of the permanent make-up procedures for which I have contracted OPERATOR to do. I understand that this procedure is designed to enhance my appearance, and I consent to said treatment, which shall be performed by, and under the direction of OPERATOR. I further understand that this cosmetic procedure, using the permanent make-up process, is a permanent cosmetic and cannot be removed or easily changed as other cosmetics, and agree to hold OPERATOR harmless in the event of any consequence arising out of this procedure.

I have been advised and I fully understand that improper skin care may lead to an infection of the treated area. OPERATOR has given me proper skin care instructions, which I am to follow. I acknowledge that should my skin become infected due to improper skin care, I will hold OPERATOR harmless.

The permanent make-up, which I have contracted for, is a lasting and permanent impression that will remain unchanged under proper skin care conditions. I am, however, fully informed and aware that the work may fade as a result of age, improper skin care, and prolonged exposure to chlorinated and/or salt water. Should the work fade, I will not hold the OPERATOR liable for such consequence.

I am informed that understand that if my skin is EXCESSIVELY OILY, there is a chance that the work may spread and become uneven. I acknowledge that I have informed OPERATOR of my skin condition, and if my skin is excessively greasy, and I still consent to the procedure, I will hold OPERATOR harmless in the event such spread or unevenness occurs.

I am informed and understand that the work will not in any way contribute to nor itself induce a loosening of the skin. I am informed and agree that OPERATOR shall not be liable in the event any condition occurs.

**ARBITRATION AGREEMENT**

In the event of any controversy between the CUSTOMER and the OPERATOR, involving in a claim in tort, the same shall be submitted to arbitration. Within (15) days after the CUSTOMER or OPERATOR shall give notice to the other of demanding arbitration of such controversy, the parties to the controversy shall appoint an arbitrator and give notice of such appointment to the other. Within a reasonable amount of time after such notices have been given, the two arbitrators, so elected, shall select a neutral arbitrator and give notice of the selection thereof to the parties. The arbitrator shall hold a hearing within a reasonable time from the date of selection of the neutral arbitrator. All notices or other papers required to be served shall be served by the United States mail. Except as provided herein, the arbitrator shall be conducted in accordance with and governed by the provisions of Ohio's Code of Civil Procedure.

**NO REFUNDS AVAILABLE**

I understand that my photos may be used for educational or advertising purposes and give up all rights to these photos. I will allow Everlasting Makeup LLC Kerry M. Grise to make any and all decisions regarding photos taken of myself by Everlasting Makeup LLC Kerry M. Grise and understand I will receive no compensation regarding these photos.

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

Referred by: \_\_\_\_\_

(circle one) Yellow Pages Newspaper Salon Magazine Dr. Office Movies