



DISCLOSURE & RELEASE FORM - All Cosmetic Tattooing/ Procedures

Please read and fill out this Disclosure and Release form completely. We expect you to have given these procedures serious consideration and have made an informed decision being aware of the possible risks.

Name: _____ Birth Date: _____ Phone #: _____
Address/Province/City/Postal Code: _____
Email: _____ Date/Time: _____ Sex: _____ Occupation: _____
Referred By: _____

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

_____ No warranty or guarantee has been made to me for this permanent makeup /camouflage / correction procedure and results cannot be reliably predicted and may vary.

_____ There may be risks and hazards related to this procedure. There is a possibility of inconsistent spreading or fanning of colour, colour changes when reacting with the skin, keloid scarring and corneal abrasions.

_____ The procedures are done with great care, detail and preparation. We do not give refunds as we aim for your satisfaction throughout the procedure.

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

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

_____ This procedure is considered semi-permanent and will fade with time. It can only be removed with a surgical procedure and any effective removal may leave permanent scarring or disfigurement.

_____ I have read (on www.falconartistry.com) the **Pre-Procedure** guidelines and have adhered to them before booking this appointment. I understand my responsibility to follow the **Aftercare** instructions to ensure proper healing of the treated area.

_____ Falcon Artistry and its technicians do everything possible to reduce risks and put your safety first. Aftercare dictates over 50% of what your final outcome will be.

_____ Misplacement or migration of the pigment can occur under rare circumstances, requiring excision and/or correction of the area.

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

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

_____ Falcon Artistry will not, under any circumstance, perform any permanent makeup procedures on me if I am known to have ANY allergies on the content of the product.

_____ I understand the actual colour of the pigment may be modified slightly, due to the tone and colour of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art.

_____ I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctible.

_____ I certify I have read and initialed the above paragraphs and I have explained my consent to this procedure. I accept full responsibility for the decision to receive this service.

CLIENT ACKNOWLEDGEMENT & RESPONSIBILITY TO INFORM TECHNICIAN

_____The CLIENT further agrees to indemnify and hold harmless Falcon Artistry and its' technicians from any claim of liability, losses, damages, or any expenses whatsoever as a result of any claims, demands, costs or judgments.

_____The CLIENT has been given the opportunity to attain reasonable understanding of this procedure and an opportunity to ask questions, either by written, verbal or manual communication prior to the signing of this document.

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 Falcon Artistry and its client in connection with permanent makeup procedures.

_____ 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. (Ex: 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 have written it down on the form.

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

_____ I am not currently pregnant or breastfeeding.

_____ I have no known allergies to anything. I release Falcon Artistry and its technicians of all claims for injury, seen or unseen that may occur as a result of this procedure.

PHOTOGRAPH RELEASE

_____ I do hereby irrevocably authorize Falcon Artistry and its technicians to copyright, publish and use my "before & after photos" in social media (Facebook & Instagram) and print for advertising, promotion, exhibition or any other lawful purpose. Model does hereby waive any right to inspect or approve the finished photos to be used. **You will not be identified or "tagged" in the photos/videos, these are only to illustrate the work completed.*

I certify that I fully understand the questions, terms and conditions of this Disclosure and Release Agreement and all have been explained to me. I certify that this was completed by me and that all entries in it and information are true and complete to the best of my knowledge.

Client's Legal Printed Name: _____

Client's Signature: _____ **Date:** _____

To be filled out by the Falcon Artistry Technician:

Technician's Printed Name: _____

Technician's Signature: _____ **Date:** _____



MEDICAL HISTORY

Please mark "Y" for "Yes" or "N" for "No"

Allergies (list): _____ Keloid Scars: _____ Diabetes: _____ AIDS (HIV): _____

Cold Sores/Shingles: _____ Iron Deficiency/Anemia: _____ Hemophilia: _____ Hypoglycemia: _____ Asthma: _____

Epilepsy: _____ Pregnancy: _____ Heart Problems: _____ Cancer: _____ Hepatitis/Jaundice: _____

Contact Lenses: _____ Bleeding Disorders: _____ High Blood Pressure: _____ Menopause: _____

Blood Thinners: _____ Skin Disorder/s: _____ Regular Periods: _____ Problems with Healing: _____

Accutane: _____ (last 12 months)

Botox: _____ If yes, when did you last have Botox? _____ Are you planning more Botox? _____

Fillers: _____ Do you plan to continue with Fillers? _____

Previous Surgeries: _____ Are you planning on one day having a surgical brow/face lift? _____

I acknowledge that any information contributed by me is true to the best of my knowledge and that the present condition of the area that has been treated or will be treated as is stated on this record.

I realize that with any beauty service there may be risks which I have read about and understand. I will be fully responsible for any and all results which may arise from these procedures. I do hereby agree to hold Falcon Artistry and its technicians free from any and all claims or suits for damage, for injuries or complications resulting from any beauty service provided by Falcon Artistry. I understand that any spot removal/skin revision work performed may result in minor scarring and/or loss of natural skin pigment.

Client's Legal Printed Name: _____

Client's Signature: _____ **Date:** _____

To be filled out by the Falcon Artistry Technician:

Technician's Printed Name: _____

Technician's Signature: _____ **Date:** _____