

Semi-Permanent Makeup Courses

Model Consent Form

Name: _____ ('The Model')

Please read and sign this consent form prior to your procedure.

Please review the following information, which refers to your desire or approval to get permanent makeup procedures done on yourself as a model during this training course. If you wish to have a permanent makeup procedure done, you must complete the attached Medical History forms, and all of the Disclosure and Consent portions of this document.

The following information is necessary, and must be reviewed by an authorized, BioTouch staff member before you can receive any permanent makeup procedures in class:

DISCLOSURE AND CONSENT FOR IMPLANTATION OF PIGMENT

FOR: EYELINER, EYEBROWS, LIPS, RECOLORATION AND CAMOUFLAGE

Please read the statements below placing your initials before each one to indicate that you understand 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 Eternal Beauty will not, under any circumstance, perform any permanent makeup procedures on me if I am known to have any allergies.

The Model agrees and understands that:

- An Instructor or other student technician(s) may be performing permanent makeup procedures on them and;
- Student technicians whether beginners or advanced, may be conducting procedures as training, for the purpose of hands-on instruction and exam.

- Eternal Beauty Instructors make every effort to oversee and monitor student work, but other than being enrolled in our course, students are not affiliated in any way with Eternal Beauty as an officer, employee, agent or subsidiary.

Printed name of Technician(s) doing the procedure: _____

The Model Further Agrees:

- To indemnify and hold harmless Eternal Beauty, 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 a student enrolled on its course

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 Eternal Beauty and its students in connection with permanent makeup procedures.

The Model 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 volunteer model, you have a responsibility to inform ANY Technician working on you, 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 BioTouch International, Inc. and its representatives and subsidiaries of all claims for injury; seen or unseen that may occur as a result of this procedure.

_____ I understand that photographs will be taken during the course of my procedure and may be used for advertising/social media purposes and I am happy for this to happen.

IMPORTANT!

_____ I understand that in rare instances, there may be a question or concern about an allergy or health condition I have that would prevent me from being able to get permanent makeup done in class, and that an authorized member of the BioTouch training team may, upon review, deny permission for me to receive any permanent makeup procedures during the course.

STATEMENT OF ACKNOWLEDGEMENT

I have read and fully understand the questions, terms, and disclosure conditions of Consent Form, and that this consent form was completed by me, and that all entries and information in it, are true and complete to the best of my knowledge.

Models Printed Name _____

Models Signature _____

Date _____

IMPORTANT! ALL FORMS REQUIRING A SIGNATURE MUST BE SIGNED AND RETURNED BEFORE YOU CAN UNDERGO ANY PROCEDURES

FOR OFFICE USE ONLY

Upon review of all Model disclosures and medical history, Eternal Beauty Representative

DOES / DOES NOT approve this model for any permanent makeup procedure or model participation.

FOR TECHNICIAN USE ONLY

- I certify that I received and reviewed the student's signed Disclosure, Consent, and Medical History forms.
- I certify that I have explained the responsibilities and the importance of the Aftercare Treatment Instructions to the Model prior to their procedure.

Technician's Printed Name _____

Technician's Signature _____ Date: _____