



# Consent form & Liability Waiver

Full name: \_\_\_\_\_ D.O.B.:(mm/dd/yyyy) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Email: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

### PHOTO RELEASE: (MANDATORY)

I, \_\_\_\_\_ (print full name), understand and accept that as a condition of service, all or part of my treatment may be recorded or photographed and will then be property of ICE & INK BEAUTY BAR Ltd.. I understand that photos and videos from my treatment will be used for learning, advertising, liability records and any other relatable business purpose.

I, \_\_\_\_\_ (print full name), hereby irrevocably consent to having my picture and/or video taken during this service and authorize it to be used for the business purposes of ICE & INK BEAUTY BAR Ltd.. \_\_\_\_\_ (signature)

Have you used or had any of the following? (Check  all that apply and please tell us when.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Accutane                    | <input type="checkbox"/> Sunburn                 | <input type="checkbox"/> Microdermabrasion          |
| <input type="checkbox"/> Retin-A or Retinol products | <input type="checkbox"/> Chemical peel           | <input type="checkbox"/> Microneedling              |
| <input type="checkbox"/> Retin-A burns               | <input type="checkbox"/> Laser resurfacing       | <input type="checkbox"/> BBglow                     |
| <input type="checkbox"/> Glycolic acid               | <input type="checkbox"/> Photofacial             | <input type="checkbox"/> Dermaplaning               |
| <input type="checkbox"/> AHA/BHA                     | <input type="checkbox"/> Laser or IPL treatments | <input type="checkbox"/> Botox and/or Filler        |
| <input type="checkbox"/> Lash enhancement serums     | <input type="checkbox"/> Microblading            | <input type="checkbox"/> Electrolysis               |
| <input type="checkbox"/> Lash extensions             | <input type="checkbox"/> Permanent Make-up       | <input type="checkbox"/> Ultrasound skin tightening |

When? \_\_\_\_\_

Medical information. (Check  all that apply.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> In menopause                               | <input type="checkbox"/> Latex allergy                | <input type="checkbox"/> Hypo/hyperglycemia     |
| <input type="checkbox"/> Post menopause                             | <input type="checkbox"/> HIV/AIDS                     | <input type="checkbox"/> Fibromyalgia           |
| <input type="checkbox"/> Regular periods                            | <input type="checkbox"/> Herpes/Cold sores            | <input type="checkbox"/> High Blood pressure    |
| <input type="checkbox"/> Hormone imbalance                          | <input type="checkbox"/> Hepetitis A, B, or C         | <input type="checkbox"/> Bleeding disorder      |
| <input type="checkbox"/> Pregnant                                   | <input type="checkbox"/> Pacemaker                    | <input type="checkbox"/> Heart conditions       |
| <input type="checkbox"/> Breast feeding                             | <input type="checkbox"/> Keloid Scar(s)               | <input type="checkbox"/> Diabetes               |
| <input type="checkbox"/> Mental illness (depression, anxiety, etc.) | <input type="checkbox"/> Cancer (previous or current) | <input type="checkbox"/> Hypo/hyperpigmentation |

Details? \_\_\_\_\_

Please list all other current health conditions as well as pharmaceutical and homeopathic medications and supplements.

\_\_\_\_\_

\_\_\_\_\_

I attest that all the above information provided by me is accurate and true to the best of my knowledge.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# General Permanent Makeup Waiver

Please INITIAL to agree, acknowledge, and/or accept the following;

I have truthfully represented to my technician that undergoing this procedure is my choice alone.

I understand discomfort may occur and every persons' tolerance is different. I consent to the application of topical anesthetic to manage any discomfort.

I understand mild to moderate swelling may occur in the area of treatment and usually subsides in a few days.

I understand as a result of this procedure, bruising may occur and can last up to 14 days.

I understand that immediately following my procedure, my tattoo will appear very dark & often warm/red toned. This colour will fade gradually within a few weeks.

I am not under the influence of alcohol or drugs.

I do not get cold sores or have Herpes and if I do, I have communicated that to my technician and understand the risks. If my technician instructed me to do so, I have consulted with my physician prior to this appointment.

I do not have acne, moles, freckles, sunburn, eczema, psoriasis, or skin ailments and/or sensitivities in the procedure area. I understand that these ailments cannot be tattooed over.

I currently do not have any type of infection or rash anywhere on my body.

I do not have a history of keloids scars.

I do not have uncontrolled diabetes, a history of hemophilia/abnormal bleeding, hair loss, auto-immune disease/disorder that might affect healing of the procedure area, or I have received approval from my physician.

I do not have sensitivities or allergies to dyes, inks, or local anesthetics, or I have approval from my doctor to get this procedure done.

I consent to a patch test to be completed (at my technicians discretion) to check sensitivity to the pigments my technician will be using if I have known sensitivities or allergies to dyes, inks, or local anesthetics even if I have approval from my doctor.

I consent to have my technician perform the procedure, and also to any actions or conduct that is reasonably necessary to perform this procedure.

I agree that ICE & INK BEAUTY BAR Ltd. may, from time to time, contact me for commercial purposes.

I understand that an allergic reaction to products used during this procedure are rare but may occur. I accept the risk that such a reaction is possible.

I understand that infection is always a possible risk as a result of any invasive procedure, particularly when proper after care is not followed. I hereby accept full responsibility for the care of the procedure area, and my health & well-being, immediately following my appointment, indefinitely.

I agree to contact my technician and/or ICE & INK BEAUTY BAR Ltd. through appropriate lines of communication such as; the facebook business page, the instagram business page, business website, business email, or business phone number via call or text. I understand that it is not appropriate to contact my technician via personal facebook, personal instagram or personal phone number and I will not receive a response from those channels.

- I understand that a second appointment (touch-up) between 8-12 weeks after my first appointment is always recommended and is at an additional cost. I have been made aware of the prices and understand that they can change at any time without notice.
- I understand that permanent makeup is not the same as a traditional tattoo. Regular touch-ups are required (usually annually) to maintain long-term and desired results. I accept full responsibility for any undesirable appearance of my permanent makeup if I choose to not to make appointments as needed to maintain it.
- I understand that retention, fading and healing are different for every individual. Some clients come back for their touch up with very little retention, if any, and some retain so well, they don't require an initial 8-12 week touch up. Typically clients only need 2 appointments, (the initial, and a touch-up 8-12 weeks later), but in some cases, a third appointment might be required to achieve desired results and should be done 8-12 weeks after the most recent appointment. If a third appointment is required, there is no cost. I accept the responsibility to reach out to ICE & INK BEAUTY BAR Ltd. 8-12 weeks after my second appointment to schedule a 3rd appointment if I am not satisfied with my final results.
- I understand that semi-permanent or permanent make-up procedures result in a change in my appearance. I accept that results last different for everyone and no guarantees have been made on the duration of the results, only suggestions. No representation has been made to me as to the ability to later change or remove the results.
- I understand that skin treatments such as laser hair removal, plastic surgery, botox, fillers, or other skin altering procedures may result in adverse changes to the procedure area.
- I fully understand that this is a tattoo process and is therefore an art, not a science. The final colour may be different than I had anticipated or hoped. It may also be inconsistent such that some areas are lighter or darker than others. I acknowledge that ICE & INK BEAUTY BAR Ltd. does not guarantee the amount of colour that will be retained at the end of the healing weeks. I understand that factors such as skin type, skin tone, age, and lifestyle play strong factors in how much or how little colour is retained.
- I completely understand that although efforts will be made to match the colour and/or shade I desire, the final healed colour and/or shade may not match exactly. I understand and accept the colour and/or shade may be significantly different than what I wanted or expected.
- I understand that any payment made to ICE & INK BEAUTY BAR Ltd. is non-refundable under any circumstance.
- I agree not to slander and/or defame ICE & INK BEAUTY BAR Ltd., or any affiliates in any way, on any platform, at any location, to any person, place or thing, at any time, relating to your procedure or not, after undergoing a procedure and doing so can be used against me in a court of law.
- I acknowledge that I have been given the full opportunity to ask any questions which I might have and that all of my questions have been answered to my full satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth above.
- I certify that I have been given a physical form of sufficient post-care information and instructions and agree to follow the instructions accurately.
- I approve the shape & design created and/or explained and have been given an opportunity to modify it. I attest that the final shape/design was agreed upon by myself and my technician and consent to it.
- I understand that my technician reserves the right to refuse service or stop a procedure, at any point, before, during, or after a procedure if she is ever uncomfortable or for any reason she deems fit. Such as but not limited to; suspicion of drug or alcohol use, suspicion of falsifying consent forms., moving, wincing, or flinching during procedures., yelling, rudeness, demanding, harassing, mean or belittling behaviours.

I do hereby release and forever discharge ICE & INK BEAUTY BAR Ltd., their respective directors, affiliates, employees, colleagues, landlords, sub-contractors, volunteers, servants and agents, including their successors and assigns, from any and all actions, claims and demands for damages, loss or injury, which I now have, or may hereafter have, arising out of or in any way relating to any and all injuries, loss or damages that may develop in the future, as a result of or in any way relating to any personal service provided by ICE & INK BEAUTY BAR Ltd..

I further indemnify and hold harmless ICE & INK BEAUTY BAR Ltd., their respective directors, employees, colleagues, landlords, sub-contractors, volunteers, servants and agents, including their successors and assigns, from any and all actions, claims and demands for damages, loss or injury to any third party resulting from any personal service provided by ICE & INK BEAUTY BAR Ltd..

This release shall be binding upon the undersigned, and their respective heirs, executors, administrators, personal representatives, successors, and assigns.

I certify that I have read the information in this form thoroughly, that I fully understand it, and that by signing below I have the capacity to provide consent, and that I am providing consent freely and voluntarily.

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