



Questionnaire & Consent Forms

NAME _____ DATE _____ DOB _____

ADDRESS _____

CITY: _____ STATE _____ ZIP _____

TO AVOID UNFORESEEN COMPLICATIONS, PLEASE ANSWER Y (YES) OR N (NO) TO THE FOLLOWING QUESTIONS:

- ___ DO YOU HAVE PREVIOUS PERMANENT MAKEUP? IF YES WHEN? _____
- ___ ARE YOU OVER THE AGE OF 18?
- ___ HAVE YOU HAD ASPIRIN OR ANY BLOOD THINNING MEDICATIONS/SUPPLEMENTS WITHIN THE LAST 7 DAYS?
- ___ DO YOU TAKE ANTIDEPRESSANTS OR MOOD ALTERING MEDICATIONS?
- ___ HAVE YOU HAD A CHEMICAL OR LASER PEEL? IF SO WHEN? _____
- ___ DO YOU HAVE PROBLEMS WITH HEALING?
- ___ DO YOU GET FEVER BLISTERS OR COLD SORES?
- ___ ARE YOU CURRENTLY UNDERGOING RADIATION OR CHEMOTHERAPY?
- ___ ARE YOU CURRENTLY USING RETIN-A OR HYDROXYL SKIN CARE PRODUCTS?
- ___ DO YOU WEAR CONTACTS?
- ___ HAVE YOU HAD CAFFEINE PRODUCTS IN THE LAST 24 HOURS?
- ___ ARE YOU TAKING ANY MEDICATIONS, INCLUDING IMMUNOSUPPRESSIVE, SUCH AS ANTI-INFLAMMATORY OR STEROIDS?
- ___ ARE YOU ALLERGIC TO TOPICAL ANTIBIOTIC PREPARATION? E.G POLYSPORIN, BACITRACIN, NEOSPORIN, CAINE FAMILY DRUGS OR PETROLEUM BASED PRODUCTS (VASELINE)?
- ___ IS THERE ANY HISTORY OF SKIN DISEASES OR REMARKABLE SKIN SENSITIVITIES?
- ___ ARE YOU PREGNANT OR NURSING?
- ___ ARE YOU PRESENTLY TAKING VITAMINS A, E, OR FISH OIL IN ANY FORM?
- ___ ARE YOU REQUIRED TO TAKE ANTIBIOTICS DURING DENTAL OR INVASIVE MEDICAL PROCEDURES?
- ___ DO YOU HAVE ANY HEART CONDITIONS?
- ___ HAVE YOU HAD BOTOX OR INJECTABLES? IF YES WHEN? _____
- ___ DO YOU HAVE ALOPECIA?
- ___ ARE YOU CURRENTLY ON ACCUTANE TREATMENT?
- ___ DO YOU HAVE KELOID OR HYPERTROPHIC SCARS?
- ___ DO YOU HAVE HEPATITIS?
- ___ DO YOU HAVE DIABETES?
- ___ ANY TENDENCY TO BLEED EXCESSIVELY FROM MINOR CUTS?
- ___ DO YOU HAVE EPILEPSY/ SEIZURES OF ANY KIND?
- ___ DO YOU HAVE ANY AUTOIMMUNE DISORDERS?

IN CONSIDERATION OF RECEIVING PERMANENT MAKEUP OR PIERCING FROM *BLAIR VAJKO*
AT _____ IN THE COUNTY OF _____ WITHIN THE STATE OF _____ I

AGREE TO THE FOLLOWING

THAT I, _____ HAVE BEEN FULLY INFORMED OF THE INHERENT RISKS,
ASSOCIATED WITH GETTING PERMANENT MAKEUP OR PIERCING. I FULLY UNDERSTAND THAT THESE
RISKS KNOWN AND UNKNOWN, CAN LEAD TO INJURY, INCLUDING BUT NOT LIMITED TO INFECTION,
SCARING, DIFFICULTIES IN DETECTING MELANOMA AND ALLERGIC REACTIONS TO PERMANENT MAKEUP
PIGMENT, LATEX, AND/OR SOAP. HAVING BEEN INFORMED OF THE POTENTIAL RISKS ASSOCIATED WITH
GETTING PERMANENT MAKEUP OR A PIERCING. I STILL ASSUME ANY AND ALL RISKS THAT MAY ARISE
FROM THIS ACTION. _____ Initials

TO WAIVE AND RELEASE TO THE FULLEST EXTENT PERMITTED BY EACH LAW OF THE ARTIST/PIERCER
AND THE "BODY ART FACILITY" FROM ALL LIABILITY WHATSOEVER, FOR ANY AND ALL CLAIMS OR CAUSES
OF ACTION THAT I, MY ESTATE, HEIRS, EXECUTORS OR ASSIGNS MAY HAVE FOR PERSONAL INJURY OR
OTHERWISE, INCLUDING ANY DIRECT AND/OR CONSEQUENTIAL DAMAGES, WHICH RESULT OR ARISE
FROM MY APPLICATION OF MY PERMANENT MAKEUP APPLICATION OR PIERCING, WHETHER CAUSED BY
THE NEGLIGENCE OR FAULT OF EITHER ARTIST, OR THE BODY ART FACILITY, OR
OTHERWISE. _____ Initials

THAT BOTH THE ARTIST AND THE BODY ART FACILITY HAVE GIVEN ME THE FULL OPPORTUNITY TO ASK
ANY AND ALL QUESTIONS ABOUT THE APPLICATION OF MY PERMANENT MAKEUP OR PIERCING, AND ALL
OF MY QUESTIONS HAVE BEEN ANSWERED TO MY TOTAL SATISFACTION. _____ Initials

THE ARTIST AND THE BODY ART FACILITY HAVE GIVEN ME VERBAL AND WRITTEN POST PROCEDURE
INSTRUCTIONS ON THE CARE OF MY PERMANENT MAKEUP APPLICATION OR PIERCING WHILE IT IS
HEALING, AND I UNDERSTAND THEM AND WILL FOLLOW THEM. I ACKNOWLEDGE THAT IT IS POSSIBLE
THAT THE PERMANENT MAKEUP APPLICATION OR PIERCING CAN BECOME INFECTED, PARTICULARLY IF
I DO NOT FOLLOW THE INSTRUCTIONS GIVEN TO ME. I AGREE THAT IT IS MY RESPONSIBILITY TO
CONTACT THE STUDIO ARTIST IF THERE ARE ANY SIGNS AND SYMPTOMS OF INFECTION, INCLUDING,
BUT NOT LIMITED TO, REDNESS, SWELLING, TENDERNESS OF THE PROCEDURE SITE, RED STREAKS
GOING FROM PROCEDURE SITE TOWARDS THE HEART, ELEVATED BODY TEMPERATURE, OR PURULENT
DRAINAGE FROM PROCEDURE SITE. IF ANY TOUCH UP WORK TO THE PERMANENT MAKEUP OR
PIERCING IS NEEDED DUE TO MY OWN NEGLIGENCE, I AGREE THAT THE WORK WILL BE DONE AT MY
OWN EXPENSE. _____ Initials

I AM NOT UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, I AM VOLUNTARILY SUBMITTING TO BE
TATTOOED BY THE ARTIST WITHOUT DURESS OR COERCION. _____ Initials

I DO NOT HAVE DIABETES, EPILEPSY, HEMOPHILIA, HERPES, HIV, HEPATITIS, A HEART CONDITION, NOR
DO I TAKE BLOOD THINNING MEDICATION. I DO NOT HAVE ANY OTHER MEDICAL OR SKIN CONDITION
THAT MAY INTERFERE WITH MY APPLICATION OR HEALING OF PERMANENT MAKEUP. I AM NOT
RECIPIENT OF AN ORGAN OR BONE MARROW TRANSPLANT OR, IF I AM, I HAVE TAKEN THE PRESCRIBED
PREVENTATIVE REGIMEN OF ANTIBIOTICS THAT IS REQUIRED BY MY DOCTOR IN ADVANCE OF ANY
INVASIVE PROCEDURE SUCH AS PERMANENT MAKEUP OR PIERCING. I AM NOT PREGNANT OR NURSING.
I DO NOT HAVE A MENTAL IMPAIRMENT THAT MAY AFFECT MY JUDGMENT IN GETTING PERMANENT
MAKEUP. I DO NOT HAVE ALLERGIC REACTION TO LATEX, PERMANENT MAKEUP PIGMENTS, AND/OR
SOAP. _____ Initials

I UNDERSTAND THAT OVER TIME, THE COLORS AND THE CLARITY OF MY PERMANENT MAKEUP WILL
FADE DUE TO UNPROTECTED EXPOSURE TO THE SUN AND THE NATURALLY OCCURRING DISPERSION
OF PIGMENT UNDER THE SKIN. _____ Initials

THE APPLICATION OF PERMANENT MAKEUP IS A PERMANENT CHANGE TO MY APPEARANCE AND CAN
ONLY BE REMOVED BY LASER OR SURGICAL MEANS, WHICH CAN BE DISFIGURING AND/OR COSTLY AND
WHICH IN ALL LIKELIHOOD WILL NOT RESULT IN THE RESTORATION OF MY SKIN TO ITS EXACT
APPEARANCE BEFORE BEING TATTOOED. _____ Initials

I RELEASE ALL RIGHTS TO ANY PHOTOGRAPHS TAKEN OF ME AND THE PERMANENT MAKEUP OR PIERCING AND GIVE CONSENT IN ADVANCE TO THEIR REPRODUCTION IN THE PRINT OR ELECTRONIC FORM. _____Initials

I AGREE TO REIMBURSE EACH OF THE ARTISTS OR THE BODY ART FACILITY FOR ANY ATTORNEYS FEES AND COSTS INCURRED IN ANY LEGAL ACTION I BRING AGAINST EITHER ARTIST OF THE BODY ART FACILITY AND IN WHICH EITHER THE ARTIST OR THE BODY ART FACILITY IS THE PREVAILING PARTY. I AGREE THAT THE COURTS OF CALIFORNIA STATE , IN TULARE COUNTY, SHALL HAVE PERSONAL JURISDICTION AND VENUE OVER ME AND SHALL HAVE EXCLUSIVE JURISDICTION FOR THE PURPOSE OF LITIGATING ANY DISPUTE ARISING OUT OF OR RELATED TO THIS AGREEMENT. _____Initials

I ACKNOWLEDGE THAT I HAVE BEEN GIVEN ADEQUATE OPPORTUNITY TO READ AND UNDERSTAND THIS DOCUMENT, THAT IT WAS NOT PRESENTED TO ME AT THE LAST MINUTE, AND I UNDERSTAND THAT I AM SIGNING A LEGAL CONTRACT WAIVING CERTAIN RIGHTS TO RECOVER AGAINST THE BODY ART FACILITY. _____Initials

I HEREBY DECLARE THAT I AM OF LEGAL AGE AND AM COMPETENT TO SIGN THIS AGREEMENT OR, IF NOT , THAT MY PARENT OR LEGAL GUARDIAN SHALL SIGN ON MY BEHALF, AND THAT MY PARENT OR LEGAL GUARDIAN IS IN COMPLETE UNDERSTANDING AND CONCURRENCE WITH THIS AGREEMENT. ALL SALES ARE FINAL

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY BY IT.

SIGNATURE OF PARTICIPANT _____

DATE _____