



Beauty Angels Academy®

**MODEL CONSENT TO APPLICATION OF
SEMI-PERMANENT MAKEUP REMOVAL PROCEDURE**

NAME (please print): _____ DATE: _____ DOB: _____
AGE: _____ ADDRESS: _____ CITY: _____ STATE: _____
ZIP: _____ HOME/CELL PHONE: _____ EMAIL: _____

I, _____ am over the age of 18, I am not under the influence of drugs or alcohol and consent to be a model for the following **Student**: _____ for the purpose of learning the following procedure **Removal of Semi-Permanent Make Up**

I understand the permanent skin pigmentation procedure carries with it possible complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, allergic reaction, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the actual color of the pigments may be modified slightly due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not a science but an art. I accept the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of Semi-permanent Make-Up. ____ (initial)

The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me and I understand work is from a student. ____ (initial)

I understand that, Before and After procedure photographs of the area being done, is required. ____ (initial)

I certify that I have read and initialed the above paragraphs and have had explained to my full understanding this consent and procedure permit and I will not hold the school for the following **Student** (please print): responsible for any unforeseen condition arising out of the indicated permanent cosmetic procedure.

By signing this agreement, you acknowledge that you have read, understood and agree to all terms above. Thank you and we look forward to assisting you.

Student Signature: _____ **Date:** _____

Student Artist License # : _____



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Model Signature: _____

Date: _____