

SHAUNA HARO BEAUTY

PHOTO RELEASE

I HEREBY GRANT MY PMU PROVIDER SHAUNA HARO THE IRREVOCABLE, PERPETUAL, EXCLUSIVE RIGHT AND PERMISSION TO USE PHOTOGRAPHS/VIDEO OF ME FOR ALL MEDIA THROUGHOUT THE WORLD INCLUDING PRINT, INTERNET, OTHER ELECTRONIC MEDIUM; ALONE OR COMBINED OR INCORPORATED WITH OTHER MATERIALS; IMAGES OF ME BEFORE, DURING, IMMEDIATELY AFTER THE TREATMENT, BEFORE AND AFTER THE TOUCH UP AND AFTER HEALING; AND I AGREE THAT MY PMU PROVIDER OWNS THE PROPERTY RIGHTS FOR SUCH IMAGES, DIGITAL FILES AND MATERIALS.

I ACKNOWLEDGE AND GIVE MY PERMISSION THAT SUCH IMAGES AND DIGITAL FILES MAYBE MADE PUBLIC ON THE INTERNET AND I MIGHT BE IDENTIFIED.

I WAIVE MY RIGHT TO APPROVE THE CHANGES AND FINAL RESULT AND GIVE MY CONSENT TO THE EDITING, RETOUCHING AND MODIFYING.

I RELEASE AND WAIVE ANY CURRENT AND FUTURE CLAIMS, DEMANDS, ACTIONS, CAUSES OF ACTIONS, SUITS, COSTS, LIABILITIES, DAMAGES AGAINST MY PMU PROVIDER, ITS EMPLOYEES, OWNERS, DIRECTORS, OFFICERS AND TRUSTEES FOR THE RIGHT OF PRIVACY AND PUBLICITY VIOLATION AND INVASION, INTRUSION OF SOLTITUDE AND SECLUSION, PUBLIC DISCLOSURE OF PRIVATE FACTS, HEALTH RECORD PROTECTION VIOLATIONS, FALSE LIGHT, APPROPRIATION OF THE NAME OR LIKENESS, TORT OF DEFAMATION, COMMERCIAL EXPLOITATION AND OTHER PRIVACY RELATED RIGHTS VIOLATIONS.

DATE: NAME (PRINT):

SIGNATURE:

SHAUNA HARO BEAUTY

COVID-19 LIABILITY FORM/WAIVER

I ACKNOWLEDGE THAT DUE TO THE 2019-2020 OUTBREAK OF THE NOVEL CORONAVIRUS (COVID-19), MY SERVICE PROVIDER IS TAKING EXTRA PRECAUTIONS WITH THE CARE OF EVERY CLIENT TO INCLUDE HEALTH HISTORY REVIEW AND ENHANCED SANITATION/DISINFECTING PROCEDURES IN COMPLIANCE WITH CDC GUIDANCE.

I AFFIRM THAT I, AS WELL AS ALL HOUSEHOLD MEMBERS, DO NOT CURRENTLY HAVE, NOR HAVE EXPERIENCED THE FOLLOWING SYMPTOMS WITHIN THE LAST 14 DAYS:

FEVER
FATIGUE
DRY COUGH
DIFFICULTY BREATHING

I MAY HAVE EXPERIENCED SYMPTOMS OTHER THAN THE ONES MENTIONED IN THIS FORM, IN THE LAST 14 DAYS, SUCH AS:

I AFFIRM THAT I, AS WELL AS ALL HOUSEHOLD MEMBERS, HAVE NOT BEEN DIAGNOSED WITH COVID-19 WITHIN THE PAST 30 DAYS.

I AFFIRM THAT I, AS WELL AS ALL HOUSEHOLD MEMBERS, HAVE NOT KNOWINGLY BEEN EXPOSED TO ANYONE DIAGNOSED WITH COVID-19 WITHIN THE PAST 30 DAYS.

I AFFIRM THAT I, AS WELL AS ALL HOUSEHOLD MEMBERS, HAVE NOT TRAVELED OUTSIDE OF THE COUNTRY OR TO ANY CITY CONSIDERED TO BE A "HOT SPOT" FOR COVID-19 INFECTIONS WITHIN THE PAST 30-DAYS.

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COVID-19 LIABILITY FORM/WAIVER

I UNDERSTAND THAT MY SERVICE PROVIDER CANNOT BE HELD
LIABLE FOR ANY EXPOSURE TO THE COVID-19 VIRUS CAUSED BY
MISINFORMATION ON THIS FORM OR THE HEALTH HISTORY
PROVIDED BY EACH CLIENT.

BY SIGNING BELOW, I AGREE TO EACH STATEMENT IN THIS
DOCUMENT AND RELEASE MY SERVICE PROVIDER FROM ANY AND
ALL LIABILITY FOR UNINTENTIONAL EXPOSURE OR HARM DUE TO
COVID-19.

I ACKNOWLEDGE THAT I WAS OFFERED TO RECEIVE THE SERVICE
FROM MY SERVICE PROVIDER AT A LATER TIME AFTER THE
PANDEMIC SUBSIDES/I ELECTED TO RECEIVE THE SERVICE NOW AND
TAKE FULL RESPONSIBILITY AND LIABILITY RELATED TO COVID-19
RISKS AND EXPOSURE.

DATE:

NAME (PRINT):

SIGNATURE:

SHAUNA HARO BEAUTY

NANO BROW FORM & PERMANENT MAKEUP FORM

NANO BROW FORM/PERMANENT MAKEUP FORM

I WAS GIVEN AN OPPORTUNITY TO ASK ALL THE QUESTIONS I MAY HAVE ABOUT THE PROCEDURE AND FOLLOW-UP PROTOCOL AND ALL MY QUESTIONS WERE ANSWERED FULLY.

I AM INFORMED ABOUT AND AGREE WITH THE FOLLOWING: OMBRE, POWDER BROWS, OR NANO BROWS PROCEDURE, IS A TYPE OF COSMETIC TATTOOING, WITH THE USUAL HEALING PERIOD OF 6-8 WEEKS, AFTER WHICH THE SECOND VISIT IS REQUIRED, IN SOME CASES MORE VISITS MAYBE NEEDED. DURING THE HEALING PERIOD REDNESS, SWELLING, FLAKING OF THE SKIN, IRRITATION, ITCHING, MINOR BLEEDING, RUSH AND OTHER EFFECTS MAY OCCUR.

THE FINAL RESULT WILL BE ACHIEVED 6-8 WEEKS AFTER THE LAST VISIT.

RESULTS LAST USUALLY 1-3 YEARS AND VARY DEPENDING ON THE SKIN TYPE, SKIN CARE AND LIFESTYLE. I FULLY UNDERSTAND THAT WHILE I HAVE NO CONTROL OVER MY SKIN TYPE, I HAVE CONTROL OVER THE CARE TAKEN OF THE PERMANENT MAKEUP AFTER TREATMENT IS HEALED. ALWAYS USE SPF 55 OR GREATER TO THE TREATED AREAS TO HELP RETAIN PIGMENT.

AGE, SKIN TYPE, AND LIFESTYLE, ALL PLAY A ROLE IN HOW THE PIGMENT FADES.

SHAUNA HARO BEAUTY

NANO BROW FORM & PERMANENT MAKEUP FORM

I AM INFORMED THE PIGMENTS AFTER INITIAL PROCEDURE MAY PARTIALLY AND/OR FULLY FADE AND/OR DISAPPEAR AND FULL SUCCESS CANNOT BE GUARANTEED.

I ACKNOWLEDGE THAT THE FINAL COLOR AND SHADE WILL BE ACHIEVED AFTER 6-8 WEEKS AND THE PIGMENT COLORS AND SHADE MAY VARY WITH TIME.

I AM INFORMED THAT WHILE NUMBING TOPICAL CREAM IS TO BE USED, SOME SENSITIVITY, DISCOMFORT, ALLERGIC REACTION, REDNESS, SWELLING AND OTHER REACTIONS ARE POSSIBLE, DEPENDING ON THE SKIN TYPE AND SENSITIVITY.

I AM AWARE OF THE RISKS OF POSSIBLE ALLERGIC REACTIONS, INFECTIONS AND ANY OTHER COMPLICATIONS AS A RESULT OF THE PROCEDURE, ESPECIALLY IF I DO NOT TAKE CARE OF THE EYEBROWS, AND THE SKIN IN THAT AREA. IN EXTREMELY RARE CASES SOME SCARRING IS POSSIBLE. I ACCEPT SUCH RISKS AND ACCEPT FULL RESPONSIBILITY FOR ANY POST TREATMENT COMPLICATION. I INFORMED THE PRACTITIONER OF MY KNOWN ALLERGIES.

I UNDERSTAND THE FOLLOWING MEDICAL CONDITIONS REQUIRE CONSENT FROM THE DOCTOR:

DIABETES, HIV, HEPATITIS, HIGH BLOOD PRESSURE, THYROID DISEASE, HEMOPHILIA, LEUKEMIA, ANEMIA AND ANY OTHER BLOOD DISORDERS, ANY TYPE OF SKIN CANCER, PREGNANCY, NURSING ANY TYPE OF LIVER DISORDERS.

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NANO BROW FORM & PERMANENT MAKEUP FORM

I APPROVE OF THE SHAPE AND DESIGN CREATED BY SHAUNA HARO AND I GIVE MY CONSENT TO USE PERMANENT MAKEUP TOOLS TO APPLY PIGMENTS INTO MY SKIN IN THE EYEBROW AREA AND MODIFY THE LOOK OF MY EXISTING EYEBROWS.

I GIVE CONSENT TO BE CONTACTED VIA SMS TEXT MESSAGES BY THE BUSINESS, DURING BUSINESS HOURS REGARDING BUT NOT LIMITED TO: IMPORTANT AFTER-CARE INFORMATION, SPECIAL DEALS AND PROMOTIONS.

I AGREE AND UNDERSTAND THIS IS AN ART AND NOT AN EXACT SCIENCE. DEPENDING ON INTERNAL FACTORS, EXTERNAL FACTORS, AND CLIENT GOALS, OCCASIONALLY A THIRD TOUCHUP IS NEEDED. THIS THIRD TOUCHUP MAY ONLY BE BOOKED 6-12 WEEKS AFTER THE LAST SESSION, AND WILL BE BOOK AS A \$150 "PERFECTING SESSION".

YOUR 6-8 WEEK TOUCHUP MAY NOT BE RESCHEDULED. I UNDERSTAND AND AGREE THAT ANY CANCELLATION OR RESCHEDULE OF THIS 6-8 WEEK TOUCHUP SESSION WILL VOID THE TOUCHUP SESSION AND RESULT IN HAVING TO BOOK ANOTHER APPOINTMENT ON VAGARO/SHAUNAHAROBEAUTY

ALL SERVICES PERFORMED WILL BE NONREFUNDABLE AND FINAL

ARRIVING 15 MINUTES OR MORE LATE TO YOUR 6-8 WEEK TOUCHUP SESSION CAN RESULT IN THE LOSS OF TOUCHUP APPOINTMENT.

DATE: NAME (PRINT):

SIGNATURE:

SHAUNA HARO BEAUTY

ADDENDUM TO PREVIOUSLY DONE PERMANENT MAKEUP

ADDITIONAL SESSIONS AFTER THE 6-8 WEEK TOUCHUP MAY BE
NEEDED AT THE COST OF THE CLIENT

I HAVE BEEN FULLY INFORMED AND UNDERSTAND THAT HAVING MY
BROWS PREVIOUSLY MICROBLADED/DONE BY ANOTHER
TECHNICIAN WILL IMPACT MY RESULTS OF THIS CORRECTION OF
PROCEDURE PERFORMED TODAY

DUE TO UNDERLINING SCAR TISSUE FROM THE PREVIOUS
TREATMENTS PERFORMED BY ANOTHER TECHNICIAN, THE PIGMENT
WILL, MAY, AND CAN FADE PREMATURELY, LOOK BLOTCHY,
BLURRED, HEAL UNEVENLY, CHANGE IN COLOR DUE TO THE
PIGMETS USED BY THE PREVIOUS TECHNICIAN AND BY ATTEMPTING
TO CORRECT THE AREA. IN SOME CASES, IT MAY NOT RETAIN AT ALL

THIS IS AN ATTEMPT TO CORRECT A PROCEDURE THAT WAS
ORIGINALLY DONE BY ANOTHER ARTIST/TECHNICIAN AND
ABSOLUTELY NO GUARANTEES HAVE BEEN MADE TO ME AS TO THE
FINAL RESULT

I UNDERSTAND AND AGREE THAT WORKING ON PREVIOUS
PERMANENT MAKEUP IS NOT RECOMMENDED, AND WILL NOT HOLD
SHAUNA HARO OR ASSOCIATES LIABLE

ALL SERVICES ARE FINAL AND NONREFUNDABLE

DATE: NAME (PRINT):

SIGNATURE:

SHAUNA HARO BEAUTY

ADDENDUM TO CONSENT CHEMOTHERAPY/RADIATION/ORAL CANCER MEDICATIONS

MY ONCOLOGY/CANCER/MEDICAL PROVIDER HAS GIVEN WRITTEN
CONSENT FOR THIS PROCEDURE

I HAVE BEEN INFORMED THAT CHEMOTHERAPY/RADIATION/ORAL
CANCER MEDICATIONS OR ANY TYPE OF CANCER TREATMENT IS A
CONTRADICTION IN THE PERMANENT MAKE UP. THE TOXIC NATURE
OF ABOVE SAID TREATMENTS OR THE LIKE CAN/WILL CAUSE THE
PIGMENTS TO FADE PREMATURELY, LOOK MORE BLURRED AND
POWDERED UNDER THE SKIN, CHANGING COLOR OR NOT RETAIN AT
ALL

ABOVE SAID TREATMENTS CAN/MAY OR WILL AFFECT THE SKIN, HAIR
AND NAILS. TO THE DEGREE WE DO NOT KNOW AND VARIES
PERSON-TO-PERSON

I FULLY UNDERSTAND AND EXCEPT THE ABOVE RISKS AND WILL NOT
HOLD SHAUNA HARO AND/OR HER ASSOCIATES HARMLESS OF
ABOVE SAID RISKS

DATE: NAME (PRINT):

SIGNATURE:

SHAUNA HARO BEAUTY

CLIENT MEDICAL HISTORY

CHECK BOX IF YOU HAVE/HAD
ANY OF THE FOLLOWING

- Keloid scarring
- History of Mersa
- Botox. Last treatment date:
- Diabetes
- Hepatitis ABCD
- Forehead/brow lift
- Easy bleeding
- Face lift
- Alcoholism
- Abnormal heart condition
- Take antibiotics/medication before the dentist
- Chemical peel. Last treatment:

- Breast-feeding now - pregnant now
- Brow tinting
- Auto immune disorder
- Oily skin
- Cancer. Year:
- Accutane or acne treatment
- Chemotherapy/radiation
- Tam by booth or salon
- Tumors/growths/cysts
- Difficulty numbing at the dentist
- Taking blood thinners such as, Ibuprofen, alcohol, fish oil, Aspirin, Coumadin

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CLIENT MEDICAL HISTORY

CHECK BOX IF YOU HAVE/HAD
ANY OF THE FOLLOWING

- Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl Alcohol, Carbopol, Lecithin, Propylene Glycol, Vitamin E Acetate, etc.

Write:

- Allergies to metals, foods, etc.

Write:

- Any diseases, disorders, skin conditions not listed.

Write :

- Do you use skin care products containing Retin-A, Glycolic Acid, or Alpha Hydroxyl?

- Please list any medications you ARE taking.

Write: