

The Equator, Nails & Beauty

Write your initials in the spaces to the left of each paragraph, giving us permission to perform your treatment.

_____ I have been counseled by Lori Bernish-Meier with regard to the procedure of implanting color pigments and/or inks for the purposes of cosmetic and/or corrective makeup. I elect to have this procedure performed understanding that it is for cosmetic purposes. I understand this procedure is not easily reversed if at all. Typical results have been explained to me, however, complications may occur and no guarantee is expressed or implied as to the final result of the procedure. I have been counseled specifically with regard to possible allergy to A) Local Anesthetics or their preservatives and to B) Pigments.

_____ I understand that the manufacturer of the pigment to be applied requires spot testing that the manufacturer of the pigment to be applied requires spot testing and specifically disclaims and responsibility for any adverse reaction to applied pigments. I understand that in order for Lori Bernish-Meier to apply permanent cosmetics am required to have a patch test conducted at the base of the scalp or neck to test any reactions to the pigment applied. I understand spot testing may identify individuals who develop immediate allergic reaction, but no individuals who may have delayed allergic reaction to pigment. I have chosen to waive the spot test and move forward with the procedure despite the risks and assume the responsibility for whatever reaction may or may not follow either immediately or delayed.

_____ I will report any adverse reactions following my procedure to Lori Bernish-Meier without delay. I understand and agree that my desired procedure is a form of tattooing and is elective cosmetic procedure and not medically necessary. I understand that the final color cannot be guaranteed but Lori Bernish-Meier will make every effort to provide a pleasing result. I understand that Lori Bernish-Meier cannot be responsible for any time lost from work.

_____ I have informed Lori Bernish-Meier of any physical or psychiatric health problems that would prevent me from having this procedure performed and I know of no reason why I should not have this procedure performed on me. I understand that temporary redness, swelling, bruising, and discomfort occur from this procedure and that the pigment cannot be guaranteed due to tone, color, and texture of my skin. Possible complications that could occur include, but are not limited to, risk of infection, allergy or skin sensitivity to pigment or local anesthetics and inconsistent color and possible fading as explained to me by Lori Bernish-Meier. I have been given pre- and post procedure instructions and will follow those instructions. I will also seek medical attention as prescribed by Lori Bernish-Meier if necessary and understand that I am responsible for the full payment of expenses incurred in the event that this is necessary.

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_____ This cosmetic, elective, non-medical procedure is being performed under standard sanitizing and sterilizing methods recommended by the Safe Practice Alliance of Pennsylvania. Lori Bernish-Meier disposes of all probes used once on a client in front of that client. The device for implanting the pigment that Lori Bernish-Meier uses can be disassembled and the non-motor parts are discarded.

_____ I give my permission to photograph my face and this photograph may be used by Lori Bernish-Meier and Your Personal Image in her portfolios, website, and online media for educational, advertising, or lecturing purposes without any present or future payment to me.

_____ In consideration of Lori Bernish-Meier solely or together with her apprentice providing me the service requested for myself, my spouse, my child, legal representatives, heirs, successors and assigns, hereby release, waive, and forever discharge Lori Bernish-Meier from Liability for loss or damage on account of injury to my person either physically or emotionally. I understand that multiple procedures may be necessary to achieve the desired effect and agree to complete my treatment and payment plan.

_____ I agree to reimburse Lori Bernish-Meier and anyone associated with hosting an intradermal procedure, for any attorney's fees and costs incurred in any legal action I bring against Lori Bernish-Meier and/or The Equator, LLC where the Intradermal procedures are performed, and in which the above mentioned is the prevailing party, I agree that the courts of the Commonwealth of Pennsylvania in Allegheny County shall have personal jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigating and dispute arising out of or related to this agreement. I expressly agreed that the balance shall, notwithstanding, continue in full legal force and effect.

_____ I acknowledge that I have been given adequate opportunity to read and understand this document, and I understand that I am signing a legal contract waiving certain rights to recover against Lori Bernish-Meier. If any provisions, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion had never been contained in this document. 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.

I HAVE READ THE ABOVE, UNDERSTAND THE SAME AND AGREED TO BE LEGALLY BOUND BY ALL THE TERMS OF THIS GENERAL RELEASE AND SETTLEMENT AGREEMENT

Print Full Name _____

Signature _____

Date _____