



FANATICAL SKIN INK & SERVICE AGREEMENT

THIS PROCEDURE SERVICE AGREEMENT (the "Agreement"), is entered into on _____, by and between _____, ("Client") and Fanatical Skin Ink LLC., a North Carolina Limited Liability Company ("FSI"), with its principal place of business located at xxxxxxxx. Client has consented they are over the age of 18, not under any influence of drugs or alcohol, not nursing, or pregnant and desire to receive the cosmetic procedure. WHEREAS, FSI is in the business of providing a permanent makeup technique designed to recreate a person's eyebrows in order to look fuller or apply color (the "Procedure"); and WHEREAS, Client desires to engage FSI to perform the Procedure on Client's eyebrows, and SP agrees to perform the Procedure upon the terms and conditions set forth herein. NOW, THEREFORE, in consideration of the foregoing, the agreements, covenants and payments hereinafter set forth and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

I. PROCEDURE AND SAS'S OBLIGATIONS

1.1 The Procedure is a tattoo that utilizes a permanent pigmentation procedure to apply colorants just below the skin, in a similar manner as traditional tattoos. The pigment can only be removed with a laser procedure, and any effective removal may leave permanent scarring and disfigurement. The Procedure may cause Client mild discomfort, or pain in rare circumstances during treatment. The Procedure will require a minimum of two sessions with FSI to complete. The number of sessions required will be dependent on Client's skin type, hair tone, and reaction to the colorants. The Client has received post care instructions prior to treatment and will strictly adhere to the instructions. I understand any failure to do so will jeopardize my chances for a successful procedure. To my knowledge I do not have any mental, medical impairments, or disabilities which may affect my well being as a direct, or indirect result of my decision to receive PMU at this time.

II. PRICE AND PAYMENT

2.1 The price of the Procedure is \$_____.00 payable on the square appointments app. FSI accepts cash, debit cards and credit cards. In the event that the Client has failed to comply with the payment terms set forth in this Agreement and past due amounts are referred to an attorney for collection, Client agrees to pay all costs and expenses of collection, including reasonable attorney's fees, whether or not litigation is commenced. Client acknowledges and understands that all Initial Deposits and Procedure Balances are non-refundable.

III. RISK FACTORS.

Client hereby acknowledges and agrees that the Procedure is an elective treatment and there is no medical reason that requires them to proceed with it. The Procedure is being performed on the Client at their own risk. The Procedure, like any tattoo carries a multitude of risks and by signing this Agreement Client accepts these risks, including but not limited to the following:

3.1 Allergic Reactions. Although rare, allergic reactions to the color pigments may occur. If Client has sensitive skin or is particularly concerned about an allergic reaction to the pigment or Procedure, FSI will do a test patch upon request. I consent to waive the patch test. If waived, I release the technician from all liabilities if I develop an allergic reaction to the pigment. I understand if I have any skin treatments such as laser hair removal, plastic surgery, or any other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse reactions may not be correctable.

3.2 Infection. FSI uses sterile tools and disposes of the tools after a single use. Skin infections could also form from improper aftercare so it is imperative that Client follow the aftercare instructions below.

3.3 Keloid formation. Depending on your skin type you may be at risk for forming these scars after the application of the Procedure. If you scar easily then it is more likely that this risk factor will apply to you.

3.4 Removal complications. Like traditional tattoos, the Procedure is permanent in nature and although it can be reversed, the marking can be difficult and costly to remove, and the success of reversal cannot be guaranteed.

3.5 Spreading, fanning, or fading of pigments although uncommon, can possibly occur. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand that this is a form of tattooing and therefore, not an exact science, but an art. I accept the permanence of this procedure and the possible complications and consequences of scalp micropigmentation.

IV. TERMS OF AGREEMENT

4.1 Client acknowledges that late arrival may result in reduced treatment time, or forfeiture of the appointment at the Client's expense. Although FSI will do its best to maintain all scheduled appointments, circumstances may require FSI to postpone, or cancel Client's appointment. In such event, FSI will make all reasonable efforts to contact Client in advance of his appointment time, but SP is not required to provide advanced notice and Client shall not be compensated for the cancellation.

V.CLIENT'S OBLIGATIONS, REPRESENTATIONS, AND AFTERCARE REQUIREMENTS

5.1 Client hereby represents and warrants that they do not have any medical, or skin conditions on the scalp that could affect the result of the Procedure, including but not limited to the following: acne, scarring (Keloid), eczema, psoriasis, freckles, moles or sunburn. Per the Southern Nevada Health District, the Client represents and warrants that they do not have any rashes, pimples infections, pre-existing scar tissue, or medical conditions that could make Client an unsuitable candidate for the Procedure. In addition, Client represents and warrants that their medical history provided on Exhibit B and all additional information provided to FSI is true and accurate to the best of Client's knowledge and that there are no other matters which may affect Client's suitability as a candidate for the Procedure. Client hereby acknowledges and agrees that it is not reasonably possible for FSI, or its representatives to determine whether an allergic reaction may occur from the pigments, or processes used in the Procedure. Client also acknowledges and agrees that FSI representatives and employees, while experts in the Procedure, are not medical professionals and as such, do not have extensive knowledge regarding medical conditions. FSI shall not be responsible for a client's adverse reaction to the Procedure. It is the duty of the Client to assess for themselves whether the Procedure is right for them. Client is advised to consult their medical physician to determine whether or not, the Procedure is right for them. Client shall comply with the aftercare instructions provided by FSI attached hereto as Exhibit C. ("Aftercare Instructions"). Failure of Client to follow the Aftercare Instructions shall void FSI's warranty of the Procedure as set forth below, and further touchups will be billed at the standard rate of \$450 per session at FSI's discretion.

VI.PROCEDURE WARRANTY

6.1 FSI cannot give or provide any guarantee to Procedure outcome. Except as described above, any touch up work needed due to Client's failure to follow aftercare instructions, or from dissatisfaction of outcome, etc. will be done at the Client's expense. Complications and risks are outlined in Article III and should be read carefully.

VII. LIMITATION OF LIABILITY

7.1 It will be extremely difficult to determine the actual damages that may result from SP's failure to perform its duties under this agreement. Client agrees that FSI, its agents, owners, employees, subsidiaries, affiliates, officers and directors are exempt from liability for any loss, damage, injury, or other consequence arising directly or indirectly from the services FSI

performs under this agreement. FSI is not liable to client, or any other person for any incidental, or consequential damages. In the event that any lawsuit, or other claim is filed by another party against SP, arising out of the services FSI performs under this agreement, Client agrees to be solely responsible for, and to indemnify and hold FSI completely harmless from such lawsuit, or any other claim. Client shall pay all damages, expenses, costs, and attorney's fees arising from such lawsuit, or claim against FSI. These obligations will survive the expiration, or earlier termination of this agreement. These obligations will apply even if such lawsuit, or other claim arises out of FSI's negligence, gross negligence, failure to perform duties under this agreement, product failure, strict liability, failure to comply with any applicable law, or other fault.

VIII. CONSENT TO PERSONAL INFORMATION AND PHOTOGRAPH

8.1 Client hereby agrees that photographs of the facial area will be taken before, during and after treatment and stored by FSI for the sole purpose of providing an accurate baseline for the Procedure and FSI's records. FSI will not use these photographs for any other purpose without Client's separate written consent.

Client consents to the storage and processing of personal information. Unless expressly denied, all photographs by FSI can be used as promotional material on social media _____ (initial).

IX. ADDITIONAL TERMS & CONDITIONS

9.1 This Agreement shall be construed in accordance with the laws of the State of North Carolina without regard to conflict of law principles. Except as otherwise set forth in this Agreement, any dispute arising under, or in connection with, this Agreement, or any other aspect of the relationship between the parties herein shall be submitted to and settled by arbitration in accordance with the rules of the American Arbitration Association then in effect, and the forum for such arbitration shall be Moore County, North Carolina. The losing party shall pay the prevailing party's reasonable costs (including attorneys' fees and arbitration) associated with resolving the dispute. This Agreement constitutes the entire agreement between the parties and supersedes all previous agreements, promises, representations, understandings and negotiations, whether written or oral. In the event one or more of this Agreement provisions shall for any reason be held to be invalid, illegal or unenforceable, the remaining provisions shall be unimpaired and the invalid, illegal or unenforceable provision shall be replaced by a mutually acceptable provision, which being valid, legal and enforceable comes closest to the parties' intentions underlying the invalid, illegal or unenforceable provision.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above written. By signing this agreement, you acknowledge that you have read, understood and agree to all of the terms above.

CLIENT Fanatical Skin In LLC.

Signed Name:

Signed Name:

Printed Full Name: _____ Printed Full Name: Nicole Johnson, Owner
of Fanatical Skin Ink LLC.

Date: _____ Date/Title:

EXHIBIT A: PAYMENT TERMS

(a) \$_____.00 nonrefundable deposit was made to secure your appointment with SP. The
Deposit will be applied towards your balance due, once Service Agreement is signed.

EXHIBIT B: MEDICAL TERMS

Medical Questions

Yes

No

Do you suffer from diabetes, epilepsy, or high blood pressure?

Do you suffer from hemophilia, blood clotting disorders, or blood thinners?

Do you have Hepatitis, HIV, or Cancer?

Are you on any medications?

Are you taking anticoagulants (Aspirin, Ibuprofen, Coumadin)?

Are you taking Accutane?

Do you have any skin conditions (Psoriasis, Eczema, Dermatitis)?

Are you currently using any lotions, or skin care with retinol in the ingredients?

EXHIBIT C

Micropigmentation Informed Consent

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email Address: _____

How did you hear about Fanatical Skin Ink ?

The nature and method of the proposed semi-permanent makeup (cosmetic tattoo) procedure has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand that there may be a certain amount of discomfort, or pain associated with the procedure and that other possible adverse side effects may include: minor and temporary bleeding, bruising, redness or other discoloration and/or swelling. Fading or loss of pigment may occur. Secondary infection in the area of the procedure is rare if properly cared for but may occasionally occur.

By signing below, I specifically acknowledge that I have been advised of the facts and matters set below, and I agree as follows: (Please initial the line next to the number after you clearly understand each statement)

1. _____ I have informed the practitioner of any and all of my known allergies. I acknowledge that it is not always reasonably possible to determine in advance whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure; and I agree to accept the risk that such reaction is possible.

2. _____ I acknowledge that complications as a result of semi-permanent makeup procedures may occur, particularly in the event that the post-procedural instructions are not followed and accept full responsibility for such complications. I agree to follow all instructions concerning the care of my PMU while its healing. I agree that any touch up work, due to my negligence will be done at my own expense.

3. _____ I realize that my body is unique and neither Fanatical Skin Ink, nor its employees, or contractors can predict how my skin may react as a result of the procedure.

4. _____ I have previously had Microblading performed by someone other than Fanatical Skin Ink on the same area that I am asking Fanatical Skin Ink to work on today. IF YES, I understand that correcting, or touching up Microblading that was performed by others involves additional risks because of the existence of permanent pigments of unknown composition, brand, color, age, shape and other factors over which Fanatical Skin Ink has no control. I

understand that additional appointments after the initial and follow up appointments may be required and will be billed at Fanatical Skin Ink standard rates. I understand that Fanatical Skin Ink can't predict the results in advance and can't guarantee that the results will be exactly as I desire. I understand and fully accept the risks associated with this procedure and hold Fanatical Skin Ink harmless.

5. _____ I acknowledge that the procedure may result in a long-lasting (many years), change to my appearance and that no representations have been made to me as to the ability to later change, or remove the results.

6. _____ I understand that future skin altering procedures such as laser treatments, plastic surgery, and/or injections may alter and degrade my semi-permanent makeup, and that I must inform any future service provider that I have had permanent makeup applied. I understand and accept that such changes are not the fault of Fanatical Skin Ink, or its employees or contractors. I further understand that such changes or degradation in my appearance may not be correctable through further semi-permanent makeup procedures.

7. _____ I acknowledge that obtaining the semi-permanent makeup is my choice alone, and I consent to the procedure and to its attendant risks, and to any actions or conduct of Fanatical Skin Ink and its employees and contractors reasonably necessary to perform the procedure. I hereby release any and all employees, agents, or persons representing Fanatical Skin Ink LLC. from all liability. I agree not to sue Fanatical Skin Ink LLC., its heirs or assigns in connection with any and all damages, claims, demands, rights, and cause of action of whatever kind, or nature based upon injuries, or property damage to, or death of myself, or any other person arising from my decisions to have PMU work at this time, whether or not caused by any negligence of Fanatical Skin Ink LLC. employees. I agree for myself, m heirs, assigns and legal representative to hold harmless from all damages, actions, causes of action, claim judgments, cost of litigation, attorney's fees and all other costs and expenses that may arise from my decision to have PMU done by Fanatical Skin Ink LLC.

8. _____ I understand that I will have the opportunity to approve the design and color of the permanent makeup to be applied, and I accept responsibility for same.

9. _____ I consent to Fanatical Skin Ink using "before & after" photos of me for marketing purposes to display our capabilities and results. If I do provide consent, I may at any time withdraw such consent for specific photographs by contacting Fanatical Skin Ink in writing, which will then discontinue use of said photo(s).

10. _____ I have been informed that having a Fitzpatrick skin types of a 1 or 2 (red head, strawberry blonde and blonde) can and may cause the pigments to: fade prematurely, look more blurred or powdered under the skin, the hair strokes can appear blotchy and spread, change in color or not retain at all. With the more sensitive skin types bleeding may occur and the procedure will be stopped. We as technicians have zero control over your skin or how it

heals. If you do not accept the above-mentioned possible risks it is recommended not to move forward with the procedure. FSI also reserves the right to refuse future services should the above risks occur. I accept these risks and will hold Fanatical Skin Ink and/or her associates harmless if the above said risks occur.

11. _____ I have been given the full opportunity to ask any and all questions which I might have about obtaining semi-permanent cosmetic procedures from a micropigmentation specialist at Fanatical Skin Ink and that all of my questions have been answered to my full and total satisfaction.

I have read and understand the contents of each statement above. I acknowledge that this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from, or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent I am of sound mind and capable of making independent decisions for myself. I swear, affirm, and agree that the above information is true and correct. I have been provided with information pertaining to the PMU procedure to be performed and instructions on aftercare. I have been made aware that if I have any signs, or symptoms of infection such as swelling, pain, redness, warmth, fever, unusual discharge, or odor to contact my physician. It is also my responsibility to take care of the treated area according to the instructions provided both verbally and in writing.

Name (Please print legibly) Date

Client Signature Date

Practitioner statement:

I have personally reviewed the above information with my client, or the client's representative.

Practitioner Signature Date
Office Use Only
Artist initials for mandatory copy of
"photo identification". _____

Office Use Only

Artist initials for mandatory
"before" photo. _____

POST CARE INSTRUCTIONS

For 7 days following application of Microblading

Dear Fanatical Skin Ink Client,

DAY 1-3

1) Wait 6 hours for the lymph to stop producing on the skin. Wash your hands, place 1-2 drops of Microtonic into your cotton round and wipe each brow from bulb to tail lightly and slowly. Then apply a small rice grain amount of Microbalm to each end of a q-tip and wipe each brow from bulb to tail lightly and slowly once in the AM, and once in the PM. If you have a late appointment, wait 6 hours and only do this once, and start 2x a day the next day.

DAY 4-7

1) Wash your hands, DO NOT wash your brows or use MicroTonic. Only apply Microbalm 2x a day for the remainder of the healing time.

SIGNS OF INFECTION

1) A slight amount of swelling is typical for a fresh tattoo. If swelling becomes excessive, uncomfortable and you feel the pain radiating beyond the site of the tattoo then this is a sign of infection. Fever is a symptom of an underlying condition, which is most likely an infection. Please contact a medical provider if you think you may have a possible infection. Failure to follow these instructions may result in pigment color loss! By signing this agreement, you comply with these terms. Please do not hesitate to contact us if you have any questions about the post procedural care.

Client Name _____

Client Signature _____ Date _____

Sincerely,

Fanatical Skin & Ink , LLC.