**MODEL CONSENT**

**A Nu Yu Academy LLC**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: (\_\_\_) \_\_\_-\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_\_ Cell Phone: (\_\_\_) \_\_\_-\_\_\_\_\_\_

*I am over the age of 18, and consent to be a model for trainee/trainees, under the direct supervision of a certified trainer of A Nu Yu Academy, for the purpose of learning the following procedure/procedures (CIRCLE ALL THAT APPLY):*

**EYEBROWS POWDER**

**MICROBLADING BROWS**

**EYELINER TATTOO**

**LIP TATTOO**

**AREOLA 3-D REPIGMENTATION**

**SCAR CAMOUFLAGE**

**MICROCHANNELING SKIN**

**PLASMA FIBROBLAST SKIN TIGHTENING**

 **Initial**

The general nature of the procedure as well as the specific procedure to be performed has been

explained to me and I have read and signed an Informed Consent that explains and describes the

benefits and any possible complications and contraindications. \_\_\_\_

I understand the taking of before and after photographs of said procedure(s) are required. \_\_\_\_

I am allowing my Trainee/Trainees to use a photo of only the area of the procedure performed for
their education and to build their portfolio. This portfolio may include social media. Your identity is
not obvious with close-up photos. For instance, this would be a close-up photo of your eyebrows,
your eyeliner, lips, areola, area of scar camouflage , plasma etc. \_\_\_\_

I am allowing my Trainee/Trainees to photograph a larger area or a full face for a better

representation of their work and for their portfolio. This portfolio may include social media. \_\_\_\_

I certify I have read the above paragraphs and have had explained to my full understanding this
consent and procedure consent to and I will not hold A Nu Yu Studio and Academy or the Trainee(s) responsible
for any unforeseen condition arising out of a permanent cosmetic or medi-aesthetic procedure I elect to . \_\_\_\_

Model Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

Trainee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

Trainee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_