NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I ACKNOWLEDGE BY SIGNING THIS AGREEMENT THAT I HAVE BEEN GIVEN THE FULL OPPORTUNITY TO ASK ANY AND ALL QUESTIONS WHICH I MIGHT HAVE ABOUT OBTAINING PERMANENT MAKEUP (BROWS, LINER, LIPS, AND AREOLA).

ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY FULL SATISFACTION.

I SPECIFICALLY ACKNOWLEDGE THAT I HAVE BEEN ADVISED OF THE FACTS AND MATTERS SET FORTH BELOW AND I AGREE AS FOLLOWS:

- IF I HAVE ANY CONDITION THAT MIGHT AFFECT THE HEALING OF THIS TATTOO, I WILL ADVISE MY TATTOOER.

- I AM NOT PREGNANT OR NURSING.

- I AM NOT UNDER THE INFLUENCE OF DRUGS OR ALCOHOL.

- I DO NOT HAVE MEDICAL OR SKIN CONDITIONS SUCH AS BUT NOT LIMITED TO: ACNE, SCARRING, KELOID, ECZEMA, PSORIASIS, FRECKLES, MOLES, OR SUNBURN IN THE AREA TO BE TATTOOED THAT MAY INTERFERE WITH SAID TATTOO.

- IF I HAVE ANY TYPE OF INFECTION OR RASH ANYWHERE ON MY BODY, I WILL ADVISE MY TATTOOER.

- I ACKNOWLEDGE IT IS NOT REASONABLY POSSIBLE FOR THE REPRESENTATIVES AND EMPLOYEES OF THIS PERMANENT MAKEUP STUDIO TO DETERMINE WHETHER I MIGHT HAVE AN ALLERGIC REACTION TO THE PIGMENTS OR PROCESSES USED IN MY TATTOO, AND I AGREE TO ACCEPT THE RISK THAT SUCH REACTION IS POSSIBLE.

- I ACKNOWLEDGE THAT INFECTION IS ALWAYS POSSIBLE AS A RESULT OF THE OBTAINING OF A

TATTOO, PARTICULARLY IN THE EVENT THAT I DO NO TAKE PROPER CARE OF MY TATTOO.

- I HAVE RECEIVED AFTERCARE INSTRUCTIONS AND I AGREE TO FOLLOW THEM WHILE MY PROCEDURE IS HEALING.

- I AGREE THAT ANY TOUCH-UP WORK NEEDED, DUE TO MY OWN NEGLIGENCE, WILL BE DONE AT MY OWN EXPENSE.

- I REALIZE THAT VARIATIONS IN COLOR AND DESIGN MAY EXIST BETWEEN ANY TATTOO AS SELECTED BY ME AND AS ULTIMATELY APPLIED TO MY BODY.

- I UNDERSTAND THAT IF MY SKIN COLOR IS DARK, THE COLORS WILL NOT APPEAR AS BRIGHT AS THEY DO ON LIGHT SKIN.

- I UNDERSTAND THAT IF I HAVE ANY SKIN TREATMENTS, LASER HAIR REMOVAL, PLASTIC SURGERY, OR OTHER SKIN ALTERING PROCEDURES, IT MAY RESULT IN ADVERSE CHANGES TO MY TATTOO.

- I ACKNOWLEDGE THAT A TATTOO/PERMANENT MAKEUP/ MICROBLADING IS A PERMANENT CHANGE TO MY APPEARANCE AND THAT NO REPRESENTATIONS HAVE BEEN MADE TO ME AS TO THE ABILITY TO LATER CHANGE OR REMOVE MY TATTOO.

- TO MY KNOWLEDGE, I DO NOT HAVE A PHYSICAL, MENTAL, MEDICAL IMPAIRMENT, OR DISABILITY WHICH MIGHT AFFECT MY WELL BEING AS A DIRECT OR INDIRECT RESULT OF MY DECISION TO HAVE A TATTOO.

- I ACKNOWLEDGE I AM OVER THE AGE OF 18, AND THAT I HAVE TRUTHFULLY REPRESENTED TO MY TATTOOER THAT OBTAINING A TATTOO IS BY MY CHOICE ALONE.

I CONSENT TO THE APPLICATION OF THE TATTOO AND TO ANY ACTIONS OR CONDUCT OF THE REPRESENTATIVES AND EMPLOYEES OF THE TATTOO SHOP REASONABLY NECESSARY TO PERFORM THE TATTOO PROCEDURE.

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Signature Printed