



Cosmetic Tattoo Consent Form

Date:

Initial: _____ I agree that I am over the age of 18

Initial: _____ I agree that I am not pregnant, nursing, and/or under the influence of drugs or alcohol

Initial: _____ I have been fully informed of the process and possibility of inherent risks both during and/or after the procedure and during the healing process

Initial: _____ I understand there may be a certain amount of discomfort/pain associated with the procedure. Possible side effects may include minor/temporary bleeding, bruising, redness, discoloration, swelling, etc.

Initial: _____ I agree that some fading or loss of pigment may occur, after my initial 2 appointments all other color boosting will be a separate charge

Initial: _____ I agree that complications are always possible as a result of the procedure as well as my post-procedural instructions not being followed

Initial: _____ I agree that hyper/hypo-pigmentation, or scarring of the skin is a possibility - I acknowledge that my technician cannot predict how my skin may react as a result of the procedure

Initial: _____ I agree that the procedure will permanently change my appearance and that I am solely responsible for any changes I want to make in the future. It is not the responsibility of my technician to make any changes in the future

Initial: _____ I agree that future treatments (laser facials, micro needling, injections, etc) may alter/degrade my final results. I further agree that such changes are not the responsibility of my Tattoo technician

Initial: _____ I agree that cosmetic tattooing is not an exact science, and acknowledge that no guarantees have been made to me as to the result of the procedure

Initial: _____ I agree to advise my physician of my cosmetic tattoo procedure in the event of an MRI

Initial: _____ I agree that the fees paid for the procedure has been explained and agreed upon. I acknowledge the total fee for services rendered is due upon completion of the initial procedure - there will be a separate fee for any future modifications of the design/color changes

Initial: _____ I agree to No Refund Policy - all sales are final

Initial: _____ I agree that I have been informed of the healing process - immediately after the procedure color will appear darker and within the 6-8 weeks of healing the color will go through several changes before settling in the skin

Initial: _____ I agree that my technician and the employer is limited to the cost of the procedure performed unless it is proven that the technician was negligent in the performance of duties. In the event of disputes that cannot be amicably resolved, the technician, the employer, and the client agree to binding arbitration to resolve disputes

Initial: _____ I agree that I have fully read and understood the contents of this consent form

Initial: _____ I acknowledge by signing this consent form, I have been given the full opportunity to ask any and all questions about cosmetic tattooing process and procedures from my technician

By signing below, you agree to the following:

I understand this agreement is binding and that I have read and fully understand all information listed above. I represent that I am over the age of 18 or if under the age of 18, I have a parent and/or guardian signature below and that he/she consents to this procedure under these terms. I have completed this form to the best of my ability and knowledge and agree to inquire about questions I may have before "Restorative PMU" begins performing the procedure. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform my technician of any discomfort I may experience during the requested treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my technician and "Restorative PMU" for any injury or damages incurred due to any misrepresentation of my health history.

Signature

Date