

**PERMANENT COSMETICS/TATTOO CONSENT RELEASE FORM**

Name: \_\_\_\_\_ Procedure Date: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Procedure(s): \_\_\_\_\_

Cost of Procedure(s): \_\_\_\_\_ Deposit Paid? (Circle) Yes / No

Remaining Balance: \_\_\_\_\_

How did you hear about Collection by Janis?: \_\_\_\_\_

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. Fever blisters may occur on the lips following lip procedures in individuals prone to this problem. 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.

I acknowledge by signing this release form that I have been given the full opportunity to ask any and all questions I might have about obtaining a tattoo from Collection by Janis. I acknowledge that all my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below, and I agree as follows:

\_\_\_\_\_ I am not under the influence of alcohol or drugs.

\_\_\_\_\_ I acknowledge that I am not pregnant.

\_\_\_\_\_ I acknowledge that I am free of communicable disease.

\_\_\_\_\_ I acknowledge that I have truthfully represented to the associates, agents and representatives of Collection by Janis that I am over eighteen (18) years of age.

\_\_\_\_\_ I acknowledge it is not reasonably possible for the associates, agents and representatives of Collection by Janis to determine whether I might have an allergic reaction to the dyes, pigments, or processes used in my tattoo and I agree to accept that such risks are possible.

\_\_\_\_\_ I acknowledge that infection is always possible as a result of obtaining a tattoo particularly in that event that I do not take proper care of my tattoo, and I have been advised of the signs and symptoms of infection that indicate a need to seek medical care.

\_\_\_\_\_ I acknowledge that variations in color and design may exist between any tattoos as selected by me and as ultimately applied to my body.

\_\_\_\_\_ I acknowledge that tattooing is a permanent change to my appearance and that no representations have been made to me as to the ability to later change, alter or remove my tattoo.

\_\_\_\_\_ I acknowledge that the obtaining of my tattoo is my choice alone and I consent to the application of the tattoo and to any actions or conduct of the associates, agents or representatives of Collection by Janis that are reasonable necessary to perform the tattoo procedure.

\_\_\_\_\_ I agree to release and forever discharge and forever hold harmless Collection by Janis and its associates, agents officers and shareholders from all claims, damages, or legal actions arising from or connected in any way with my tattoo or the procedures and conduct used to apply my tattoo and any and all tattoos applied by Collection by Janis and its associates, agents and representatives in the future.

\_\_\_\_\_ I acknowledge that tattoo inks, dyes and pigments have not been approved by the federal Food and Drug Administration and the health consequences of using these products are unknown.

\_\_\_\_\_ I acknowledge that there is a chance I might feel lightheaded, dizzy during or after being tattooed. I agree to immediately notify the practitioner in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure.

\_\_\_\_\_ I agree to follow all instructions concerning the care of my tattoo, and that any touch-ups needed because of my own negligence will be done at my own expense.

\_\_\_\_\_ I understand that this is an elective service and all deposits and services paid in full are NON-REFUNDABLE.

\_\_\_\_\_ I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s). I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done.

I, \_\_\_\_\_ have been fully informed of the risks of tattooing including but not limited to infection, scarring, difficulties in detecting melanoma, and allergic reactions to tattoo pigment, latex gloves, and antibiotics. Having been informed of the potential risks associated with getting a tattoo, I still wish to proceed with tattoo application and I assume any and all risks that may arise from tattooing.

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.

\_\_\_\_\_  
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