



SeaChelle's Permanent Makeup LLC

By Michelle Brantley (941)744-7890



Cosmetic Tattoo Consent Form

Name _____ **Date** _____.

The nature and method of the proposed cosmetic tattoo procedure(s) has been explained to me by Michelle Brantley, including the usual risks inherent in the procedure process, and the possibility of complications during and following the procedure(s). I understand there may be a certain amount of discomfort or pain associated with the procedure(s) and that other adverse side effects may include minor and temporary bleeding, bruising, swelling, and/or redness or other discolorations. Fading or loss of pigment may occur. Due to swelling, unevenness may occur in the design. Secondary infection in the area of the procedure may occur, however, adherence to the written after care instruction given by Michelle Brantley will help minimize the occurrence. _____ **(Initial)**

***I am not pregnant.** _____ **(Initial)**

*** I am not under the influence of alcohol and/or drugs.** _____ **(Initial)**

*** I acknowledge that complications as a result of a cosmetic tattoo procedure (s) may include infection, particularly in the event my post-procedural instructions are not followed.** _____ **(Initial)**

*** I do not have medical or skin conditions such as, but not limited to: acne, scarring (Keloids), eczema, psoriasis, freckles, moles, or sunburn in the area to be tattooed that may interfere with said tattoo. I do not have an infection or a visible rash anywhere on my body, I have advised my technician.** _____ **(Initial)**

***I acknowledge it is not reasonably possible for the technician 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 by waiving a patch test and understand that such a reaction is possible. If I want a patch test I understand it will take 24hours to determine my eligibility for said tattooing and I must inform the technician before signing this agreement..** _____ **(Initial only if waiving a test patch)**

*** It has been explained to me, immediately after the procedure(s) is completed, the color will appear darker and bolder. It has also been explained to me that within a short period of time (usually 5-7 days) during the healing process, the color will lighten/soften and the design/procedure will heal softer than it looked the day it was performed (Please do not pick any scabs and be aware pigment can stain clothing and sheets).** _____ **(Initial)**

*** I acknowledge that hyper-pigmentation (darkening of the skin) or hypo-pigmentation (absence of color in the skin), or scarring is a possibility as a result of my body's reaction to the skin being broken during the procedure. I realize that my body is unique and that the technician cannot predict how my body will react as a result of this procedure.** _____ **(Initial)**

*** I acknowledge that the procedure(s) will result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the results. Tattoo removal is a surgical procedure which may cause scarring and/or disfigurement.** _____ **(Initial)**

*** I understand that future laser treatments, plastic surgery, implants, injections, and other skin altering procedures may alter and degrade my cosmetic tattoo procedure(s). I further understand that such changes are **NOT** the responsibility of the technician, and such changes in my appearance may **NOT** be correctable through further cosmetic tattoo procedures.** _____ **(Initial)**

*** I understand that tattoos may cause MRI (Magnetic Response Imaging) artifacts and that there may be a warming and/or tingling sensation in the tattooed area during the MRI due to the iron oxide properties of some pigments. It is**

understood that I should advise my physician that I do have permanent cosmetics (a tattoo) in the event a MRI procedure is prescribed. _____(Initial)

* I authorize the technician to obtain pre-procedural and post-procedural pictures, and give her permission to use such pictures for publication and/or teaching purposes, as she chooses. _____(Initial)

* I acknowledge the receipt of written instructions advising me of the proper care of my procedure(s), and ointment by the technician. I understand the absolute necessity for following these instructions. _____(Initial)

*** I understand that cosmetic tattooing is an art form and NOT an exact science, and I acknowledge that NO guarantees have been made to me as to the result of this procedure.** Some skin types will not accept or heal pigment in a consistent manner...your skin and how well you take care of your cosmetic tattoo(s) will determine your result. I realize that my body and my skin are unique and that the technician cannot in any way predict how your skin may react to the procedure or how it may or may not accept color. A touch up is recommended and encouraged. I also realize that the technician cannot predict how many visits it will take to complete my procedure. _____(Initial)

* I accept full responsibility for determining the color, shape and position of the pigments that will be applied. I understand the actual healed color of the pigment applied will be modified slightly due to my own unique skin undertones. _____(Initial)

* This contract is to remain in effect from the date signed by the client and its contents are to still apply whenever work is being performed on myself by the technician. It is my responsibility to inform the technician if any changes have occurred in my medical history. _____(Initial)

* I have read and understand the contents of each paragraph above. I have received no unrealistic warranties or guarantees with respect to the benefits to be realized from, or consequences of the aforementioned procedure(s). _____(Initial)

I, (print name) _____, acknowledge by signing this consent form, have been given the full opportunity to ask the technician any and all questions about cosmetic tattooing procedure(s), it's process, and the risks involved from the technician. The decision to have cosmetic tattooing procedure(s) performed is my own and I understand and accept all risks involved, therefore releasing Michelle Brantley of any and all legal liability. In consideration of her tattooing me, I hereby release and forever discharge her and her employees both personally and under the business name of SeaChelle's Permanent Makeup LLC from all claims, demands, actions and causes of actions arising out of said treatment procedures which I, my heirs, executors, administrators, or assigns may have stemming from my decision to have either a Permanent Makeup procedure and/or an Areola/Nipple procedure. I agree that this waiver also pertains to and is designed to protect any and all establishments where Michelle Brantley does business. The technician is a trained, experienced, and skilled artist who makes no claims to be anything more. Permanent makeup/cosmetic tattooing is not a medical procedure, but is an art form: *the art of tattooing*. Any and all fees are to be paid prior to or on the day of the procedure and are nonrefundable.

Client's Signature: _____ Date: _____.

Technician's Signature: _____ Date: _____.

Signature of parent or legal guardian if client is under 18 years of age:

_____ Date: _____.