



6381 SOUTH CHALKVILLE ROAD · TRUSSVILLE, AL 35713
ForeverLaBellePermanentCosmetics.com

CONSENT TO TATTOO PROCEDURE

NAME _____ DATE _____
DOB _____ LICENSE NO. _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ HOME PH. _____ WORK PH. _____
PIGMENT _____ LOT # _____ EXP DATE _____

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 the obtaining of a tattoo and that all of my questions have been answered to my full satisfaction. I specifically acknowledge 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 alcohol or drugs.
- 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 tattoo shop 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 a 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 not take proper care of my tattoo. I have received aftercare instructions and I agree to follow them while my tattoo 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 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 or medical impairment or disability which might affect my well-being as a direct or indirect result of my decision to have a tattoo.

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Please list any and all medications, prescription or over-the-counter, taken within the past 30 days:

- _____ Last date taken: _____
- _____ Last date taken: _____
- _____ Last date taken: _____
- _____ Last date taken: _____
- _____ Last date taken: _____

I understand that the obtaining of 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.

Client _____ Date _____

Tattooer _____ Date _____

CONSENT TO RELEASE OF PHOTOGRAPHS

This is an agreement between: _____

and _____

I hereby grant permission to use my likeness in photograph(s) in any way the company sees fit. I confirm I am 18 years of age or older. By signing this release, I accept that photographs may be used on the internet or in any other print or electronic medium as Forever La Belle Permanent Cosmetics chooses. I will make no monetary or other claim against Forever La Belle Permanent Cosmetics for use of the photographs.

Date of Photographs: _____

Signed: _____ Date: _____

Print Name: _____

Witness: _____