

- I am aware that cosmetic tattooing is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the procedure. _____ (Initial)
- I authorize Michelle Knapp and/or her designee to obtain pre-procedural and post-procedural photographs, and give her permission to use such photographs for publication and/or for teaching purposes, as she chooses. _____ (Initial)
- For the purposes of education or assistance, I consent to the admittance of authorized observers to the procedure®. _____ (Initial)
- I acknowledge that the obtaining of permanent make-up procedure(s) is by my choice alone, and I consent to the application of the procedure and to its attendant risks, and to any actions or conduct of Michelle Knapp and/or her associates reasonably necessary to perform the procedure. ____ (Initial)
- I am aware that the Herpes Zoster I and Papilloma Viruses may manifest with the lip procedure due to trauma to the lip tissue. Herpes Zoster I Virus is normally treated with anti-viral medications, some of which are available by prescription only. _____ (Initial)

* The fee for services has been explained to me and is satisfactory. I understand the total fee for services rendered is due upon completion of the initial procedure and that there will be separate fees for any necessary modification of pigment color or shape (outside of initial procedure and one or two follow up appointments) depending on the procedures. Because Permanent Make-up is a service, I employ a no refund policy. For many skin types, permanent makeup may be a multi-step process. In addition to your initial application, you are entitled to a follow up procedure at no additional charge. You must schedule your follow up visit no sooner than two weeks after each procedure, but no longer than two months from the date of the original procedure. Subsequent visits will be subject to an additional fee. _____ (Initial)

RELEASE

In consideration for my being tattooed by Michelle Knapp, I hereby release her from any and all claims, which I may have now or in the future arising from the tattooing process. I understand that the application of tattooing is artistic in nature and in all cases experimental and that no result can be guaranteed or certain. I have been explained the tattooing process and been fully informed of the procedures(s), to be performed. I execute this release having read and fully understand it, and do so completely voluntarily.

Client _____ Date:

If Under 18: _____ Date:
(Parent or legal guardian)

I personally reviewed the above information with my client, or the client's representative.

Permanent Makeup Technician: _____ Date: _____