A close up of a logo

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**INFORMED CONSENT**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_ I am over the age of 18.

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

 \_\_\_\_\_\_\_\_ I am not pregnant or nursing.

 \_\_\_\_\_\_\_\_ I consent to receive the permanent/ semi-permanent pigmentation procedure offered by Fiercely Flawless.

 \_\_\_\_\_\_\_\_ The general nature of cosmetic micropigmentation and/or tattoo, as well as the specific procedure to be performed, has been explained to me.

 \_\_\_\_\_\_\_\_ If an unforeseen condition arises during the course of the procedure, I authorize my artist to use her professional judgment to decide what she feels is necessary under the given circumstances.

 \_\_\_\_\_\_\_\_ I understand that she will act in good faith and standard best practices.

 \_\_\_\_\_\_\_\_ I accept the responsibility for determining the color, shape and position of the procedure as agreed during pre-drawing on day of procedure. I fully understand and accept that nontoxic pigments are used during the procedure and that the result achieved may fade over a period of 1-3 years. Once the color fades, pigment itself may stay in the skin indefinitely.

\_\_\_\_\_\_\_\_ I have been informed that the highest standards of hygiene are met. Sterile and disposable needles and pigment containers are used for each individual client, procedure, and visit.

\_\_\_\_\_\_\_\_ I understand and accept that this is a process requiring multiple applications of pigment to achieve the desired results and that 100% success cannot be guaranteed during the first procedure. I understand that I may have to return for a repeated procedure.

\_\_\_\_\_\_\_\_ The result of the procedure may be affected by the following: medication, skin characteristics (dry, oily, sun-damaged thick or thin skin type), personal skin pH balance, alcohol intake, smoking, drug use, and post procedure after care. I understand that with oily skin types, pigment can heal less crisp, expanded and/or blurry and may result in an altered effect.

\_\_\_\_\_\_\_\_ Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases, bruising may occur. You may resume normal activities following the procedure, however, using cosmetics, excessive perspiration and exposure to the sun should be limited until the skin has fully healed. Please see after care instructions for more details.

\_\_\_\_\_\_\_\_ I have been advised that the true color will be seen 6 weeks after each procedure, and that the pigment may vary according to skin tones, skin type, age and skin condition. I understand that some skin types accept pigment more readily and no guarantee on exact color can be given.

\_\_\_\_\_\_\_\_ To my knowledge, I do not have any physical, mental or medical impairment or disability that might affect my wellbeing as a direct or indirect result of my decision to have the procedure done at this time.

\_\_\_\_\_\_\_\_ I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician. Failure to do so may jeopardize my chances for a successful procedure. I can confirm that I have received a copy of aftercare details.

\_\_\_\_\_\_\_\_ I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic and/or tattoo procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science but an art. I request the semi-permanent skin pigmentation procedure(s) and accept the permanence of this procedure as well as the possible complications and consequences of the said procedure.

\_\_\_\_\_\_\_\_ I understand that if I have any skin treatments, injectables like Botox or fillers, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my procedure.

\_\_\_\_\_\_\_\_ I acknowledge some of these potential adverse changes may not be correctable.

I certify that I have read and initialed the above paragraphs and have had explained to my understanding the consent and procedure permit. I accept full responsibility for the decision to have this cosmetic semi-permanent pigmentation and/or tattoo work done. \_\_\_\_\_\_\_\_ (initial)

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give Fiercely Flawless permission to perform my procedure.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Artist’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

**CLIENT PHOTO RELEASE**

I hereby consent to and authorize the use by Fiercely Flawless of the specified photographs and/or video; that is, photographs taken before, during and after my procedure.

I understand that my identity will be protected and neither my full face nor my name will be used in conjunction with the photographs and/or video.

Fiercely Flawless has explained that all the photos and/or videos will be clinically appropriate and tastefully presented.

I have agreed on the photographs that Fiercely Flawless requests to be used and it is understood that these photos may be used on Fiercely Flawless web site, social media accounts (Facebook, Instagram), and in-office for demonstrational and promotional purposes. I understand that I am not entitled to compensation for these photos being used. Should I desire to revoke permission for their use in the future, I understand that I must notify Fiercely Flawless in writing and allow 30 days to accomplish this removal.

I now release Fiercely Flawless, and anyone authorized by Fiercely Flawless, all personal rights and objections I have or may have to the above described uses of my photographs and/or videos. I have entered this release freely or voluntarily and agree to be bound thereby.

CLIENT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_

ARTIST’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_