



Face Facts, 8996 West Union Hills Dr, Suite 102, Peoria, AZ 85382

CONSENT TO TATTOO

NAME _____ DOB _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PH. _____ WORK PH. _____ DRIVERS LICENSE: _____

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 inform Pamela Hardwick. I am not pregnant or nursing. I am not under the influence of alcohol or drugs.
- I understand that all sales are final. No refunds will be issued.
- 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 infection or visible rash anywhere on my body, I have advised Pamela Hardwick.
- I agree to take no action which is intended, or would reasonably be expected, to harm Face Facts and all affiliates or its or their reputation or which would reasonably be expected to lead to unwanted or unfavorable publicity to the company.
- I acknowledge it is not reasonably possible for the representatives and employees of Face Facts 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. In the event of an infection does occur, I will contact a doctor immediately.
- 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 tattoos 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 any 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.
- I acknowledge I am over the age of eighteen and I have truthfully represented that the obtaining of a tattoo is my choice alone. I consent to the application of the tattoo and to any actions or conduct of the representatives and employees of Face Facts necessary to perform the tattoo procedure.

CLIENT SIGNATURE: _____ DATE _____

TECHNICIAN: _____ DATE _____