



Tattoo Vanish Inc.

Additional Informed Consent For Pigment (Tattoo) Lightening/Removal Specifically Related To Darker Skin Tones

I _____ understand that as a result of my darker skin tone there may be added risk for scarring, hyper-pigmentation or hypo-pigmentation or other damage to the skin. I will not hold my technician, Tattoo Vanish Inc. or any owners, employees or independent contractors of Tattoo Vanish Inc. liable for any damages that may occur to my person. _____ (Client Initials)

I understand that several treatments may be needed in order to attempt to achieve my desired results, however I understand that there is no guarantee or assurance as to the ultimate outcome or result of this procedure. I understand that once the procedure has been started, Tattoo Vanish Inc. has a NO REFUND POLICY. _____ (Client Initials)

I understand that removing tattoos is difficult, if even possible. As a result, I will not hold my technician or this establishment responsible for any resultant failure to remove, partially, totally or to lighten the unwanted pigment. _____ (Client Initials) .

I understand all information listed above, have had my questions answered and agree to all conditions and provisions of this document as evidenced by my signature below. I accept the risks for having this procedure done and I voluntarily request that the tattoo lighting and removal procedure(s) be performed on me:

Patient/Client _____ Date _____

Witness _____ Date _____