



Tan Skin Release

I, (print) _____, have been informed that having tan skin at the time of my appt., can and will cause the pigments to: fade prematurely, look ashy or gray, appear more powdered looking or not retain at all.

Against _____ recommendation, I wish to proceed & I accept these risks and will hold _____ and/or her associates harmless if the above said risks occur. I take full responsibility & accept that this will/could happen. Appointments will not be made any sooner if the above mentioned issues occur. All services performed will be non-refundable.

Client Name Printed: _____

Client Signature: _____

Date: _____

Witness Name Printed: _____

Witness Signature: _____

Technician: -----

Copy Given to client (initial) -----