



CONSENT OF SERVICES

Client Name: _____ **DOB:** _____ **Age:** _____

Address: _____ **Phone #** _____

Service Type: _____ **Body Location:** _____

Date of Service: _____ **Artist:** Alicia Sayer **Location:** In Office

How did you hear about us? (circle one)

Google / Facebook / Instagram / Other: _____ / Referral (Name): _____

PROCEDURE ACKNOWLEDGMENT

I understand that the nature and method of the proposed paramedical tattoo services (including areola and/or scar camouflage) has been fully explained to me. I acknowledge that all paramedical tattoo procedures carry inherent risks and the possibility of complications during and after the procedure. EMPOWERink uses sterile, single-use disposable needles and follows strict sanitation procedures in accordance with state and county body art regulations.

I understand that discomfort or pain may occur and that possible side effects may include, but are not limited to: temporary bleeding, bruising, redness, swelling, tenderness, discoloration, or irritation. I understand that pigment fading or loss may occur over time and that results are not guaranteed. I acknowledge that secondary infection is rare when proper aftercare is followed but remains a potential risk.

CLIENT ACKNOWLEDGMENTS

(Please initial each statement to indicate understanding)

___ 1. Allergies

I have informed the practitioner of all known allergies and sensitivities. I understand that it may not be possible to determine in advance whether I will have an allergic reaction to pigments, dyes, topical products, or processes used, and I accept this risk.

___ 2. Previous Micropigmentation by Another Provider

I have previously had areola and/or scar micropigmentation performed by someone other than EMPOWERink on the same area being treated today.

___ **3. Design & Color Approval**

I understand that I will approve the design, placement, and color during my appointment. Once approved and applied, I accept responsibility for my selections.

___ **3a. Color Variability**

I understand that pigment color is not an exact science and that multiple sessions may be required to achieve the desired result.

___ **4. Future Medical or Cosmetic Procedures**

I understand that future procedures such as surgery, laser treatments, injections, implants, or skin resurfacing may alter or damage my tattoo. I accept that these changes are outside EMPOWERink's control and may not be correctable.

___ **4a. Laser & IPL Treatments**

I understand that lasers and IPL devices, including those used for hair removal or skin rejuvenation, may darken or distort permanent makeup. I agree to inform any provider that I have tattooed pigmentation.

___ **4b. MRI Disclosure**

I understand that pigments may contain iron oxide and agree to inform medical personnel that I have tattoos prior to undergoing an MRI.

Scar Camouflage & Paramedical Tattooing

___ **5. Treatment Expectations**

I understand that scar camouflage and paramedical tattooing is a process that often requires multiple sessions. Complete correction cannot be guaranteed.

___ **5a. Healing Color Changes**

I understand that pigment may appear darker during healing and will soften as the skin recovers.

___ **5b. Longevity & Touch-Ups**

I understand that scar camouflage is a tattoo and may fade unevenly or require touch-ups over time.

Aftercare & Healing

___ **6. Aftercare Responsibility**

I agree to follow all aftercare instructions provided. I acknowledge that I have received both written and verbal aftercare instructions. I understand that proper aftercare is essential for pigment retention and infection prevention.

___ **6a. Healing Timeline**

I understand that healing can take several weeks, with final results developing over several months depending on my skin.

___ **6b. Skin Response & Scarring**

I understand that tattooing involves skin penetration and that individual skin responses vary. There is a risk of scarring, including keloid formation, especially in scar tissue.

___ **6c. Infection Responsibility**

I understand that if signs of infection occur, I must seek medical care immediately at my own expense.

___ **6d. Scar Tissue Variability**

I understand that tattooing over scar tissue carries additional unpredictability and that skin response is beyond the artist's control.

___ **6e. 3D Areolas & Scar Camouflage Services**

I understand that tattooing is a form of permanent body art, and although fading may occur over time, removal may be difficult and costly.

Photography Consent

___ **7. Internal Documentation**

I consent to before-and-after photos being taken for internal documentation and client records only.

___ **7a. Marketing Use (Optional)**

I consent to the use of my photos for marketing or educational purposes by EMPOWERink. I understand I may revoke this consent for specific images at any time in writing. YES NO

Voluntary Consent & Understanding

___ 8. Voluntary Participation

I confirm that this procedure is voluntary and that I consent to the procedure and its associated risks.

___ 9. Questions & Understanding

I confirm that all of my questions have been answered to my satisfaction and that I fully understand this procedure and consent form.

Medical History Update

If you have previously received services from EMPOWERink, has your medical history changed since your last intake form? YES NO

If yes, please explain: _____

Release & Agreement

I certify that I have read and fully understand this consent form. I acknowledge that no guarantees or warranties have been made regarding the outcome of my procedure.

I hereby release, indemnify, and hold harmless EMPOWERink, its owners, artists, employees, contractors, and affiliates from any and all claims, damages, or legal actions related to my micropigmentation procedure, to the fullest extent permitted by law.

Client Signature: _____ Date: _____

Printed Name: _____

Parent/Legal Guardian (if under 18): _____ Date: _____

Relationship to Minor: _____

A valid government-issued photo ID was reviewed and copied for records.

Artist Statement

I have reviewed this consent form with the client and believe they understand the procedure, risks, and consent provided.

Artist Signature: _____ Date: _____