

Timeless Allure

Dr Tracy A Miller

Permanent Makeup

Addendum to Informed Consent

Frequent Exercise / Working Out

I, _____, understand that **FREQUENT EXERCISE** (5 days a week or more) **CAN & WILL** cause the hair strokes OR other areas of Permanent Makeup to appear blurry under the skin, change in color, fade prematurely or not retain at all. Due to the sweat (salt) that your body produces this **WILL** impact the result. In permanent makeup we use Saline (**salt**) to remove or lighten pigment. Even after the results are healed sweat will still impact the longevity of the procedure. I accept these risks and will hold

_____ (practitioner) and/or her associates harmless if above said risks occur. I take full responsibility and accept that this could happen. I further understand that all services performed are non-refundable.

Patient Name (please print legibly)

Patient Signature

Date: _____

I Have Received A Copy of this consent (initial) _____

Practitioner Name and Signature

Date: _____