

MAGNETIC TATTOO REMOVAL™

INFORMED CONSENT & CLIENT INTAKE FORM — MICROBLADING & PMU REMOVAL

SECTION 1 — CLIENT INFORMATION

Full Name

Date of Birth

Email

Address

Phone

Country Code

Emergency
Contact Name

Relationship

Emergency Contact
Phone

Preferred Communication:

Phone Email WhatsApp

SECTION 2 — TREATMENT SELECTION

Which treatment are you requesting today?

- Eyebrows / Microblading Lip Liner / Lip Tattoo
 Eyeliner Detox Lips
 Magnetic Detox Brows / Boost Brows

SECTION 2B — CLIENT ELIGIBILITY CRITERIA

- 1. Age Requirement:** The CLIENT must be 18 years of age or older to undergo the procedure, ensuring legal consent and maturity.
- 2. Identification:** The CLIENT must present a government-issued ID before any procedure to verify age and identity, ensuring compliance with legal regulations.
- 3. Pregnancy / Breastfeeding:** Service will be declined if the CLIENT is pregnant or breastfeeding. Hormonal fluctuations may affect the outcome and safety of the procedure.

4. Recent Treatments: The CLIENT must not have undergone facial Botox or filler procedures within the last 60 days. Recent injections may impact skin structure and increase risk of complications.

5. Medical Conditions: The CLIENT must disclose any underlying or potential medical conditions that may affect the procedure or its outcome.

6. Allergies: The CLIENT must inform the Technician of any allergies to ingredients or materials used during the procedure before booking.

SECTION 3 — MEDICAL HISTORY & CONTRAINDICATIONS

Please understand that this treatment is not for everyone. Please answer the following health questions truthfully. Technician will assume no liability in the event you give false information to obtain the treatment.

IMPORTANT — Mandatory Waiting Periods Before Treatment

Please confirm each of the following before signing this form. If any apply, advise your Technician before proceeding:

- I confirm I have waited at least 4 weeks after Botox, Xeomin, Dysport, or any neurotoxin or dermal filler injection.
- I confirm I have waited at least 10 weeks after any previous LASER, saline, or acid tattoo removal on the area to be treated.
- I confirm I have waited at least 6 weeks after any chemical peel, skin laser treatment, surgery, or acne treatment.
- I confirm I have stopped using skincare products containing retinol, tretinoin, or hydroquinone for at least 4 weeks prior to this treatment.
- I confirm I have not used Accutane within the last 6 months.
- I confirm I have obtained physician clearance if I am currently undergoing chemotherapy or radiation treatment.
- I confirm I am symptom-free from oral herpes for at least 4 weeks, and have a prescription if treatment is on or near the lips.
- I confirm I have stopped taking Aspirin or ibuprofen at least 3 days before treatment. I understand that other blood-thinning medications (Eliquis, Coumadin, etc.) may affect my eligibility.

Are you allergic to Sesame Seeds? Yes No

Have you done Botox or Filler in the last 4 weeks? Yes No

Are you currently taking any medication? Yes No

If yes, list medication name(s) and date last taken:

Please check all conditions that apply — current or previous. Responses will be kept confidential:

- Heart conditions
- Diabetes

-
- | | |
|---|--|
| <input type="checkbox"/> Refractive eye surgery | <input type="checkbox"/> Epilepsy / seizures |
| <input type="checkbox"/> Hepatitis / jaundice | <input type="checkbox"/> Ocular herpes |
| <input type="checkbox"/> Lips herpes | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Hyperpigmentation |
| <input type="checkbox"/> Accutane treatment | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Trichotillomania | <input type="checkbox"/> Autoimmune disorder |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Excessive bleeding |
| <input type="checkbox"/> Alopecia | <input type="checkbox"/> Keloid scarring |
| <input type="checkbox"/> Cancer history | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Prolonged healing times | <input type="checkbox"/> Pregnant / Breastfeeding |
| <input type="checkbox"/> Radiation / chemotherapy | <input type="checkbox"/> Currently using retinol products |
| <input type="checkbox"/> Metal allergy | <input type="checkbox"/> Taking steroid medications |
| <input type="checkbox"/> Previous cosmetic tattooing | <input type="checkbox"/> Microblading |
| <input type="checkbox"/> Sensitivity / allergy to latex | <input type="checkbox"/> History of skin disease / sensitivity |
| <input type="checkbox"/> Skin disorders (eczema, psoriasis) | <input type="checkbox"/> Post Inflammatory Hyperpigmentation (PIH) |
| <input type="checkbox"/> None of these | |

Please list any medical conditions, medications, or other issues not listed above:

SECTION 4 — TATTOO HISTORY

What is the condition of the skin having the tattoo?

- Skin has no prior removal treatment or scarring
- Skin is damaged from a previous tattoo removal treatment or procedure (e.g. laser, saline, microblading, acid, etc.)
- My skin does not have any scars

I acknowledge that I have carried out one or more previous tattoo removal treatments with the following method(s). Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Pico laser | <input type="checkbox"/> ND Yag Laser |
| <input type="checkbox"/> Acids TCA / Peeling | <input type="checkbox"/> Saline |
| <input type="checkbox"/> Alkaline removal | <input type="checkbox"/> Surgical |
| <input type="checkbox"/> Home treatment | <input type="checkbox"/> I have not done any removal before |

If other, please name it:

How many removal sessions have been done before?

I acknowledge having carried out one or more consecutive tattoo removal treatments and my skin may have invisible scars that are not visible to the naked eye.

Pigment Details

Pigment Color (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Black | <input type="checkbox"/> Brown / Dark Brown |
| <input type="checkbox"/> Red / Red-Brown | <input type="checkbox"/> Pink |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Grey |
| <input type="checkbox"/> Blue / Blue-Black | <input type="checkbox"/> Warm Blonde |
| <input type="checkbox"/> Other | |

Approximate Age of Pigment:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1 – 3 years |
| <input type="checkbox"/> More than 3 years | |

Tattoo Description and History:

Please describe the PMU/microblading to be treated — treatment area (eyebrows, lips, eyeliner), pigment colors, age, and any relevant history:

SECTION 5 — FITZPATRICK SKIN TYPE SCALE

- | | | |
|---|---|--|
| <input type="checkbox"/> Type I Very fair skin | <input type="checkbox"/> Type II Fair skin | <input type="checkbox"/> Type III Medium skin |
| <input type="checkbox"/> Type IV Olive skin | <input type="checkbox"/> Type V Brown skin | <input type="checkbox"/> Type VI Dark skin |

Technician Notes:

SECTION 6 — SPECIAL CONSIDERATIONS FOR PMU PIGMENTS

Permanent makeup (PMU) pigments may contain metallic compounds including iron oxide and titanium dioxide. I understand and acknowledge that:

- PMU pigments may change color during or after Magnetic Tattoo Removal® sessions.
- Pigments containing iron oxide or titanium dioxide may temporarily darken before fading — this is a known and expected reaction, not a complication.
- The E-Dermis Ink Extractor Solution appears white when applied. After several sessions, the treated area may gradually turn greenish — this is a normal reaction caused by the interaction between the solution and iron oxide in PMU pigments.
- Additional sessions may be required due to the specific composition of PMU pigments.
- Color changes are cosmetics in nature and do not indicate skin damage.

Note on E-Dermis Ink Extractor:

This product is not an acid, saline, enzyme, TCA, lactic acid, phytic acid, or glycolic acid. It is a low-alkaline solution (pH 8.5) composed of food-grade and cosmetic molecules that are safe for the skin. No numbing agent is required. The technique is effective on all tattoo types, colors, skin types, and in all seasons.

SECTION 7 — PATCH TEST CONSENT

A patch test will be performed before treatment to assess your skin response to the Magnetic Tattoo Removal technique and products.

Purpose of the Patch Test

- Assess individual skin tolerance to the procedure
- Observe pigment reaction and tissue response
- Identify any adverse reactions before full treatment
- Reduce the risk of complications during the main session

Possible Patch Test Reactions

- Redness and localised warmth
- Swelling or minor oedema
- Irritation or sensitivity
- Scabbing during the healing phase

Patch Test Declaration:

I understand the purpose of the patch test, the possible reactions listed above, and I voluntarily consent to the procedure being performed.

Client Signature

Date

SECTION 7B — HEALTH DECLARATION & AFTERCARE RESPONSIBILITY

Health Declaration (Client Responsibility)

I confirm that all health information I provide is true, complete, and accurate.

I understand that failure to disclose medical conditions, medications, or previous procedures releases the *Technician* from liability.

Aftercare Responsibility

I agree to follow all aftercare instructions provided by the technician.

I understand that failure to follow aftercare guidelines may negatively affect results and releases the Technician from responsibility.

SECTION 7C — HEALING PROCESS & RECOVERY TIMELINE

I understand and acknowledge that Magnetic Tattoo Removal® involves a normal cosmetic healing process:

- Initial skin response may include temporary redness, sensitivity, dryness, or light surface reaction.
- These effects are expected and cosmetic in nature.
- Initial healing generally occurs within 1 to 2 weeks, depending on skin type, area treated, previous procedures, and individual healing response.
- The skin continues to recover and stabilize beyond the initial 1–2 week period.
- Pigment response and fading occur progressively over time.
- Final cosmetic response cannot be evaluated immediately after treatment.

I acknowledge that normal healing reactions do not constitute a complication, defect, or treatment failure.

SECTION 7D — PREPARATION FOR YOUR APPOINTMENT

Please follow these preparation guidelines before your Magnetic Tattoo Removal® session to ensure optimal conditions and best results.

- 1. Clean Face:** Arrive with a bare, clean face free from makeup, toner, or moisturizer. This ensures optimal conditions and enhances treatment efficacy.
- 2. Avoid Stimulants:** Refrain from consuming alcohol, coffee, or other stimulants for 24 hours before the appointment. Avoid medications that may increase bleeding or affect skin sensitivity.

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- 3. Menstrual Cycle:** Avoid booking appointments during the menstrual cycle, as hormonal fluctuations can impact pain sensitivity and treatment outcomes.
 - 4. Avoid Eyebrow Treatments:** Refrain from waxing, tanning, or tinting the eyebrow area for at least 3 days before the appointment to minimise skin irritation.
 - 5. Avoid Anti-Aging Treatments:** Avoid microdermabrasion, retinol, chemical peels, laser, or facials for at least 2 weeks before the appointment to prevent skin sensitivity.

SECTION 8 — MAGNETIC TATTOO REMOVAL™ INFORMED CONSENT

The Magnetic Tattoo Removal procedure by Linda Paradis is a non-invasive technique that utilizes Magnetic Round Square Needles (cartridge) that gently hover through the epidermis of the skin while applying the proprietary E-Dermis Ink Extractor Solution. The cartridge does not penetrate deeply into the skin — it barely grazes the surface, similar to the permanent makeup process.

I acknowledge and fully understand that Magnetic Tattoo Removal® is a:

- Cosmetic procedure
- Non-medical
- Non-surgical
- Non-invasive aesthetic procedure

This procedure does not constitute a medical treatment, medical act, therapeutic intervention, or medical device-based procedure. It is not intended to diagnose, treat, cure, or prevent any disease or medical condition.

Non-Invasive Cosmetic Mechanism (Ink Extraction)

I understand that Magnetic Tattoo Removal® works through a controlled cosmetic cascade of surface-level actions, without puncturing, cutting, or breaking the skin:

- The procedure uses patented non-invasive magnetic needles that do not penetrate the skin.
- Pigment is progressively mobilized outward over time through non-invasive cosmetic interaction and the skin natural renewal processes.
- No injection, incision, laser, burning, or aggressive force is involved.

Because this process is progressive, multiple sessions are normally required.

Safety & Non-Invasiveness Confirmation

I understand and acknowledge that this procedure involves:

- No cutting
- No surgical penetration
- No laser emission
- No burning
- No acid or chemical peeling
- No injection
- No systemic absorption
- Only topical cosmetic products are used

Any skin response remains superficial and cosmetic in nature.

No Guarantee — Multiple Sessions Required

I expressly acknowledge and agree that:

- No cosmetic tattoo removal method guarantees complete removal in one session.
- Results vary depending on pigment type, depth, skin characteristics, and prior procedures.
- Magnetic Tattoo Removal® does not guarantee full removal.

I understand that dissatisfaction with speed, number of sessions, or degree of fading does not constitute a failure of service.

Number of sessions:

Removal takes multiple sessions. The total number of sessions required depends on: (1) PMU/microblading age, (2) pigment saturation and coverage area, (3) skin type and depth of pigment, (4) pigment brand and composition, (5) previous removal treatments, and (6) individual skin phenotype.

Acknowledgements — I Understand That:

- Multiple treatment sessions are required; the exact number depends on PMU/microblading age, pigment depth, ink color, and skin type.
- Results depend on factors including pigment type, skin tone (Fitzpatrick type), immune response, and aftercare adherence.
- The treatment area must be fully healed between sessions before treatment can be repeated.
- I must inform the clinic immediately of any unusual reactions or complications.

Client Initials: _____

Possible Side Effects and Risks

Common	Less Common	Rare
<ul style="list-style-type: none">• Redness• Swelling• Scabbing• Mild itching	<ul style="list-style-type: none">• Temporary pigmentation change• Prolonged tenderness• Delayed healing	<ul style="list-style-type: none">• Infection• Permanent scarring• Allergic reaction

Duration of Common Side Effects

Side Effect	Typical Duration
Redness and localised warmth	2 – 24 hours, may last up to 3–4 days
Mild swelling or oedema	24 – 72 hours
Tenderness at the treated area	2 – 5 days
Scabbing	5 – 14 days depending on tattoo type
Mild itching during healing	Throughout the healing phase (3–4 weeks)

Temporary pigmentation change

1 – 2 months or longer in some cases

Tip: Cold packs applied gently to the treated area may help reduce swelling and discomfort in the first 24–48 hours after treatment.

A daily wash and changing dressing will avoid infection and promote faster healing.

Client Initials: _____

SECTION 9 — LIFESTYLE & ADDITIONAL QUESTIONS

Do you have or have had any herpes infections at the proposed procedure site? Yes No

Are any colors in your tattoo(s) sensitive to the sun? Yes No

How often do you consume alcohol in a week?

How often do you smoke per week?

Do you have any allergies to cosmetic makeup? If yes, list brand and reaction:

Do you spend time in the sun? If yes, how often?

Do you go swimming? If yes, how often?

Have you had any laser treatments? If yes, where and when?

Have you had a chemical peel? If yes, type, frequency, last date?

Have you had any facial cosmetic

surgeries? If yes, type and when?	
Do you plan to have LASIK eye surgery? If yes, when?	
Do you plan or have scheduled Botox treatments? If yes, when?	
If under a physician care for any condition, please describe:	
Prior to dental procedures, have you had or require antibiotic therapy?	

SECTION 10 — CONSENT DECLARATION

I, the undersigned, confirm the following:

1. I have read and fully understood this Informed Consent Form.
2. I have had the opportunity to ask questions, which have been answered to my satisfaction.
3. I understand the risks, possible side effects, and limitations of Magnetic Tattoo Removal™.
4. I understand that results are not guaranteed and may vary.
5. I voluntarily consent to the Magnetic Tattoo Removal™ procedure as described.
6. I will report any adverse reactions promptly to the technician.

Client Full Name (Print) _____ **Date** _____

Client Signature _____ **Date** _____

Technician Signature _____ **Date** _____

SECTION 11 — CLIENT RESPONSIBILITIES

I understand and agree to the following responsibilities as a client undergoing Magnetic Tattoo Removal®:

- I will follow all pre-care and after-care instructions provided by the technician without deviation.
- I will inform the technician immediately of any unusual reactions, unexpected skin changes, or concerns arising after treatment.
- I will attend all recommended follow-up sessions and not seek conflicting treatments (laser, acids, chemical peels) between MTR sessions without consulting the technician first.
- I will disclose any changes in my health, medications, or skin condition before each subsequent session.
- I will not apply makeup, skincare products, or other substances to the treated area until cleared by the technician.
- I acknowledge that my results depend significantly on my adherence to these responsibilities, and that failure to comply releases the Technician from liability for suboptimal outcomes.

SECTION 12 — TERMS & CONDITIONS ACKNOWLEDGEMENT

Please read each statement carefully. This section confirms your understanding and voluntary acceptance of the conditions of your Magnetic Tattoo Removal™ procedure with Technician.

Consultation & Informed Choice

- I confirm that I have had the opportunity to ask every question I may have had about this procedure, and that all my questions have been answered to my complete satisfaction.
- I confirm that the Service Provider team fully informed me about the magnetic technology used to remove tattoos, and that the procedure is performed by trained and certified technicians.
- I acknowledge that obtaining this procedure is my choice and my choice alone. I consent to the procedure, the attendant risks, and to any actions or conduct of Technician that are reasonably necessary to perform the procedure.

Client Initials: _____

Medical Disclosure & Allergy Risk

- I have disclosed all allergies I am aware of to my Technician prior to treatment.
- I acknowledge that it is not always reasonably possible for Technician to determine in advance whether I might have an allergic reaction to any topical preparations or processes used. I therefore accept the risk that such reactions may occur.
- I acknowledge that Technician has provided me with the opportunity to withdraw from treatment after providing my full medical history. I will accept the organization decision if it determines that I am not a suitable candidate for the service.

Client Initials: _____

Understanding of the Procedure & Risks

- I acknowledge that Technician has explained how tattoo pigment will be removed: with magnetic technology, tattoo ink is liquefied and extracted from the body naturally.
- I have been warned about the possibility of complications during and after the procedure. I am aware that minor and temporary bleeding, bruising, redness, and swelling may occur.
- I understand that my body — and particularly my skin — is unique. Hyperpigmentation (darkening of the skin), hypopigmentation (loss of color), or other forms of skin change may occur during this process and may be permanent.
- I acknowledge that the result of one or more tattoo removal treatments may weaken the skin and/or cause scarring.
- I understand that hypopigmentation or hyperpigmentation may last 1-2 months or longer, and in rare cases may be permanent.

Client Initials: _____

Results & Limitations

- I acknowledge that several treatment sessions may be necessary to achieve my desired results, and that residual pigment may not be fully eliminated.
- I understand that Technician cannot predict results in advance and has not guaranteed that the outcome will be as I desire.
- I understand that the number of sessions required will vary depending on: tattoo age, size, pigment quality, pigment depth, skin phenotype and thickness, previous retouching sessions, and the amount of titanium or neutralizing ink used.

Client Initials: _____

Scabbing & Healing Expectations

I acknowledge and understand that scabbing is a normal part of the healing process following Magnetic Tattoo Removal™. The expected duration of scabbing will vary as follows:

Treatment Type	Expected Scabbing Duration
First-time PMU / microblading removal	5 – 7 days
Skin with prior removal treatment (acid, saline, laser, etc.)	10 – 14 days
Emergency / corrective removal	2 – 3 weeks

Client Initials: _____

Photography Consent

- I acknowledge and consent to the Technician taking relevant photographs and/or videos to document the procedure for internal use only.

- I AUTHORIZE the use of my before/after images for marketing, social media, websites, print, or educational purposes by Technician. I understand I may withdraw this consent for specific images at any time by contacting Technician in writing.

- I DO NOT AUTHORIZE the use of my images for any marketing, educational, or publishing purposes. Images may only be used for internal clinical records.

Client Initials: _____

SECTION 12B — PAYMENT & REFUND POLICY

Payment & Refund Policy

I understand that:

- Payment is for the cosmetic service rendered.
- Payment is not dependent on outcome.
- No refunds are issued based on cosmetic results, number of sessions, or degree of fading.

SECTION 12C — LIMITATION OF LIABILITY

Limitation of Liability

I acknowledge that:

- I release the technician, clinic, and method owner from liability related to expectations or cosmetic outcome.

Client Initials: _____

SECTION 12D — IMPORTANT ACKNOWLEDGMENTS

Infection Warning — Seek Immediate Medical Care

If you experience ANY of the following signs or symptoms after treatment, YOU MUST SEEK MEDICAL CARE FROM A PHYSICIAN OR MEDICAL PROVIDER AND NOTIFY THE TECHNICIAN IMMEDIATELY:

- Redness, swelling, or tenderness at the procedure site beyond the expected healing period
- Red streaks extending from the procedure site toward the heart
- Elevated body temperature or fever
- Purulent (pus) drainage from the procedure site

Client Initials: _____

Skin Types V & VI — Higher Risk Acknowledgment

For skin types V and VI: I understand that I am at a higher risk for hyper-pigmentation and hypopigmentation than other skin types. I have been informed of this risk, and I agree to proceed with full awareness of the additional considerations involved.

Client Initials: _____

Technician is Not a Medical Doctor

I have been duly informed of the nature, risks, possible complications, and consequences of Magnetic Tattoo Removal®. I understand that my technician is not a medical doctor. The procedure is a cosmetic, non-medical service and does not constitute medical treatment.

Client Initials: _____

SECTION 13 — TERMS & CONDITIONS

These Terms & Conditions govern the use of Magnetic Tattoo Removal™ services offered by Technician. By proceeding with the service, you agree to be bound by the terms set out below.

I. Appointments

Appointments must be made in advance. Technician reserves the right to refuse service to anyone at any time. Cancellations must be made at least 24 hours in advance. Failure to do so will result in penalties. One reschedule is permitted free of charge; additional rescheduling requires a new booking fee. Pre-payment in full is required after 3 or more reschedules.

II. Payments

Payment for services must be made in advance. A non-refundable booking fee is required to secure your appointment. The booking fee is applied to the service total; the remaining balance is due at the end of service. Service Provider accepts payment via PayPal, bank transfer, and online payment platforms.

III. Health & Safety

Before undergoing treatment, you are required to provide a complete and accurate medical history to confirm that you are fit to undergo the procedure. Providing false or incomplete information may affect your results and releases Technician from any liability arising from undisclosed conditions.

IV. Results

The outcome of the services may vary. Technicians do not guarantee any specific outcome. Results depend on several individual factors including the size, color, age, and location of the tattoo, as well as your skin type and immune response.

V. Fines, Penalties & Legal Charges

Technician reserves the right to impose fines or penalties for last-minute appointment cancellations, except in cases of uncontrollable circumstances such as natural disasters, political events, or medical emergencies. Any unauthorized use of Linda Paradis Group name, re-labelling or resale of its products, performance of the Magnetic Tattoo Removal technique, or disclosure of proprietary methods to any third party without express written consent will result in legal action.

VI. Limitation of Liability

Technicians shall not be liable for any damage resulting from the use of its services. This includes, but is not limited to, direct, incidental, special, or consequential damage arising from the procedure or outcomes thereof.

VII. Indemnification

You agree to indemnify and hold harmless Service provider, its owner, employees, and agents from all claims, damages, losses, and expenses arising from your use of the services or your failure to follow aftercare instructions.

VIII. Changes to Agreement

Technician reserves the right to amend the terms of this Agreement at any time. Updated terms will be published on the Technician official website. Continued use of the services following any amendment constitutes acceptance of the updated terms.

IX. Governing Law

This Agreement shall be governed by and construed in accordance with the laws applicable in the country where the procedure is performed. Any disputes arising under or in connection with this Agreement shall be resolved in accordance with those laws.

X. Entire Agreement

This Agreement constitutes the entire agreement between you and Technician and supersedes all prior understandings or agreements, whether written or verbal, relating to the services provided.

XI. Right to Discontinue Services

Technician reserves the right to discontinue, suspend, or terminate a client treatment at any point, including but not limited to: non-compliance with aftercare instructions, failure to attend appointments, or a change in the client health that makes treatment inadvisable. Technician also reserves the right to refuse or postpone treatment at any session if the Technician determines that the client skin condition is not suitable on that day.

XII. Clinic Conduct

Clients are required to always behave professionally and respectfully on the premises. Children are not permitted in the treatment area during sessions unless they are also receiving treatment. Animals are not permitted on the premises. Any aggressive, disruptive, or inappropriate conduct will result in immediate termination of the appointment.

FINAL ACKNOWLEDGMENT

By signing below, I confirm that:

- I have read and fully understood this consent form.
- All my questions have been answered satisfactorily.
- I consent freely and voluntarily to the procedure.
- All health information I have provided is true, complete, and accurate.

Final Declaration

By signing below, I confirm that I have read, understood, and voluntarily agree to all sections of this consent form, including the Terms & Conditions set out above. I confirm that no pressure has been placed upon me to sign this document, and that I am signing freely and of my own accord.

Client Full Name (Print)**Date**

Client Signature**Date**

Witness / Technician Signature**Date**
