



I _____ acknowledged and understand that due to that Orchids PMU Studio **did not do** the previous work _____ *that needs TOUCH UP, REMOVAL, COLOR CORRECTION* ; **Cannot and will not warranty** the results of the healing process of color, shape or skin reactions to this procedure. Therefore, I release Orchids Permanent Makeup Studio LLC or it's technicians of any outcome from this procedure and I assume all responsibilities from this _____ procedure.

I have signed this disclaimer prior to the appointment and work being started.

Name print _____

Signature _____

Date: _____ / _____ / _____