

# DISCLAIMER

I \_\_\_\_\_ acknowledge and understand 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 PMU Studio LLC or its 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: \_\_/\_\_/\_\_

