

# TATTOO CONSENT FORM

## CLIENT INFO:

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

DATE OF BIRTH: DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL \_\_\_\_\_ PROV \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

Would you like to receive our special promo for your birthday or special event via email? **Yes / No**

OCCUPATION (optional) \_\_\_\_\_

### Emergency contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### NEEDLES: (for tattoo artist only)

Item No: \_\_\_\_\_ Lot No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Item No: \_\_\_\_\_ Lot No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Item No: \_\_\_\_\_ Lot No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Item No: \_\_\_\_\_ Lot No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Item No: \_\_\_\_\_ Lot No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### TATTOO: (for tattoo artist only)

Size: \_\_\_\_\_

Placement: \_\_\_\_\_

Colours: \_\_\_\_\_

Freehanded? **Yes / No / Partially**

CURRENT DATE: DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ SIGN \_\_\_\_\_

ARTIST NAME: \_\_\_\_\_ SIGN \_\_\_\_\_

# MEDICAL INFORMATION

- Do you have HIV/Aids? Yes / No
- Do you have Hepatitis (any strain)? Yes / No
- Do you have any other blood-borne illness? Yes / No
- Do you have high blood pressure? Yes / No
- Do you have high diabetes? Yes / No
- Do you have bleeding disorders? Yes / No
- Do you have heart problems? Yes / No
- Do you have any symptoms of cold/flu? Yes / No
- Are you pregnant? Yes / No
- Do you have psoriasis, rosea or any other skin problems? Yes / No  
*If yes, specify* \_\_\_\_\_
- Do you take any prescriptions? Yes / No  
*If yes, specify* \_\_\_\_\_
- Do you have Allergies? Yes / No  
*If yes, specify* \_\_\_\_\_
- Is this your first tattoo? Yes / No
- Have you eaten in the past 2 hours? (Should be yes) Yes / No

Have you ever fainted? Yes / No

*If yes, specify:* \_\_\_\_\_

**NOTES (for tattoo artist only)** \_\_\_\_\_

**CURRENT DATE:** DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**CLIENT NAME:** \_\_\_\_\_ **SIGN** \_\_\_\_\_

**ARTIST NAME:** \_\_\_\_\_ **SIGN** \_\_\_\_\_

# AGREEMENT

*I acknowledge by signing this agreement that I have been given the full opportunity to ask and all questions which I might have about the obtaining of a tattoo and that all of my questions have been answered to my full satisfaction. I specifically acknowledge I have been advised of the facts and matters set forth below and I agree as follows:*

**1. ALCOHOL AND DRUGS.** If I have any condition that might affect the healing of this tattoo, I will advise my tattooer. I am not pregnant or nursing. I am not under the influence of alcohol or drugs.

**2. SKIN CONDITION.** I do not have medical or skin conditions such as but not limited to: acne, scarring, eczema, psoriasis, moles or sunburn in the area to be tattooed that may interfere with said tattoo. I also acknowledge that I do not have any communicable disease such as HIV-AIDS, HEP. A/B/C, or any other strains, etc. If I have any of the above or other infections or rashes anywhere on my body, I will advise my tattooer.

**3. TATTOO APPROVAL.** I will not hold "Tattoo Beast" studio responsible for the work performed on me by any of the artists and acknowledge that this is the tattoo I have requested (I have seen the artwork and/ or the stencil when it was placed on my body and have acknowledged that all spelling is correct, this is the artwork I requested, I have asked any and all questions) and if I am not sure, I will say something to my artist.

**4. IMPAIRMENT.** I acknowledge that I do not have any physical, mental or medical impairment or disability which might affect my well being as a direct or indirect result of my decision to have a tattoo done at this time. I understand that tattoos are permanent and cannot be removed.

**5. ALLERGIC REACTION.** I acknowledge it is not reasonably possible for the representatives and employees of this tattoo shop to determine whether I might have an allergic reaction to the pigments or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible. I agree to pay extra fees

**6. INFECTION.** I acknowledge that infection is always possible as a result of the obtaining of a tattoo, particularly in the event that I do not take proper care of my tattoo. I have received aftercare instructions and I agree to follow them while my tattoo is healing. I agree that any touch-up work needed, will be done at my own expense.

**7. TATTOO QUALITY.** I understand that tattoos might fade, lose brightness/sharpness. I understand that some particular areas such as: face, hand, feet, fingers and inner lips might fade for up to 90% of the original ink amount. I agree that any touch-up work will be done at my own expense.

**8. VIOLATIONS.** I understand that Harassment, Humiliation, Discrimination, Verbal Abuse or other types of violence in any kind is not allowed at the "Tattoo Beast" studio. All inappropriate behaviour leads to the cancellation of my appointment without a refund.

**9. CLIENT'S RESPONSIBILITY.** I state that I was instructed before the session about my role in the process: I must stay still and would be fully responsible if any of my movements would cause a result of imperfect/wrong/wavy lines.

**10. PHOTOSHOOT.** I acknowledge that a "Tattoo Beast" employee would take a picture of my tattoo by the end of the session. I understand and agree that "Tattoo Beast" tattoos are automatically protected by the Copyright Law. "Tattoo Beast" has full right to use photos of my tattoo as they wish.

**11. TIME FRAMES.** I acknowledge that any project that has been started must be finished within 6 months to get done at the given price. The "Tattoo Beast" reserved their right to decline to finish the project if not done within a 6 months period, and/or change the given original price due to the potential supply cost increase.

**12. RECORDING POLICY.** I will not take any records inside of the "Tattoo Beast" shop; I will not take any voice/video records of images of the Artist or tattooing process. I acknowledge that the "Tattoo Beast" Studio Employee will send me the records of the session/taken photos over the phone or email within the 48 hours after the session or upon my request. I have the right to request the copy of my application within 5 years after the performed tattoo session upon my request.

**13. COPYRIGHTS.** I acknowledge that my tattoo design must be the original art. I am fully responsible for checking the copyrights for the design I am bringing to the "Tattoo Beast" studio. If my design is an original I must inform my tattoo Artist about that and must agree to make changes to the design to make an original Tattoo instead.

**14. CHEMICALS.** I acknowledge that the "Tattoo Beast" shop does not allow the use of the Numbing Cream. Using any kind of Numbing cream will end my session and I will not get a refund. I won't be protected under the "Tattoo Beast" shop Insurance policy.

**15. RECORDS.** I acknowledge that my application must be saved at the "Tattoo Beast" shop for 5 years as per Ministry of Health policy. I have been informed that nobody would ever get the access to my application except the "Tattoo Beast" employees, Ministry of Health Inspector and me.

**16. CONTACT POLICY.** I acknowledge that I might be contacted via email/phone call/text by the "Tattoo Best" shop employees or Ministry of Health Inspector if needed. I do give them permission to contact me as by the local Law state.

**17. LEGAL ACTIONS.** I acknowledge that "Tattoo Beast" inc., and/or their employees will be standing upon their reputation and pursue Legal Actions as needed in the following cases uncluded, but not limited, has happened: Fake/False review; False social media presentation; Falsification of the Tattooing Result; spreading any kind of misinformation; publishing/posting any content related to the "Tattoo Beast" products and services, "Tattoo Beast" interior or original Artworks presented inside/outside the studio; breach of the current contact.

**CURRENT DATE:** DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**CLIENT NAME:** \_\_\_\_\_ **SIGN** \_\_\_\_\_

**ARTIST NAME:** \_\_\_\_\_ **SIGN** \_\_\_\_\_