



# CONSENT FORM TATTOO/PIERCING

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: DD / MM / YYYY

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**EMERGENCY CONTACT** FULL NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US: \_\_\_\_\_

### HEALTH DECLARATION - PLEASE COMPLETE

DIABETES/HYPOGLYCEMIA	Y / N	HEART CONDITION	Y / N
HYPERTENSION/BLOOD PRESSURE	Y / N	H.I.V OR AIDS	Y / N
HEPATITIS:TYPE____	Y / N	SKIN ALLERGY / ECZEMA / SCARS	Y / N
ASTHMA/RESPIRATORY ISSUES	Y / N	DIZZY SPELLS / FAINTING	Y / N
PREGNANCY	Y / N	EPILEPSY	Y / N
INFLAMMATION	Y / N	THROMBOSIS / VARICOSE	Y / N

HAEMOPHILIA Y/N \_\_\_\_\_

MEDICATIONS Y/N \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> I ACCEPT THAT THERE ARE RISKS ASSOCIATED WITH THIS PROCEDURE       | <input type="checkbox"/> I ATTEST THAT I AM NOT INTOXICATED OR UNDER THE INFLUENCE OF DRUGS OR ILLEGAL SUBSTANCES  |
| <input type="checkbox"/> I HAVE BEEN MADE AWARE OF THE POTENTIAL RISKS OF THIS PROCEDURE    | <input type="checkbox"/> I GIVE CONSENT TO THE PROCEDURE THAT IS BEING PROPOSED FOR ME   |
| <input type="checkbox"/> I AGREE TO FOLLOW ALL AFTERCARE INSTRUCTIONS PRESENTED             | <input type="checkbox"/> I HAVE CHECKED AND I AM SATISFIED THAT THE DESIGN I AM RECEIVING IS WHAT I WANT WITH THE UNDERSTANDING THAT THE HEALING IS UP TO ME |
| <input type="checkbox"/> I DO NOT HOLD ART + BODY RESPONSIBLE FOR NEGLIGENCE ON MY PART     | <input type="checkbox"/> I UNDERSTAND THAT THERE WILL BE NO REFUND BUT THAT MY ARTIST OFFERS A FREE TOUCH UP, WITHIN 3 MONTHS.                               |
| <input type="checkbox"/> IM OVER 18 YEARS OF AGE OR I HAVE PARENTAL CONSENT                 | <b>TOUCH UPS FOR FINGER TATTOOS WILL INCUR AN ADDITIONAL COST</b>  |
| <input type="checkbox"/> I CONFIRM THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT |  |

PROFESSIONAL GUARANTEE - WE USE STERILE SINGLE USE NEEDLES AND OUR OOLS HAVE UNDERGONE STERILIZATION TO DESTROY ALL POSSIBLE CONTAMINANTS

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

### PARENTAL CONSENT - IF REQUIRED

SIGNED: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

SIGNED BY ARTIST: \_\_\_\_\_