

Empress Tattoo

Airdrie AB

Consent and Release Form

Lot Number Needle: _____ Lot Number Tube: _____

Lot Number Cartridge: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Client Photo ID Number: _____

Ph. Number: _____ Emergency Contact Ph. Number: _____

I acknowledge by signing this agreement that I have read through this form thoroughly, Check over all of the items, and have been given the full opportunity to ask any and all questions which I might have about obtaining a tattoo and that all of my questions have been answered to my full satisfaction. I specifically acknowledge that I have been advised of the facts and matters below, and I agree as follows.

Please initial beside each point:

____ I am 18 years of age, and have a government issued photo identification to prove my age.

____ I am not under the influence of drugs or alcohol, and I haven't been drinking in the past 24 hours.

____ I am not on blood thinners and I have not had ibuprofen in the last 24 hours. I do not have difficulty in being able to stop bleeding.

____ I have consumed food within the last two hours and I am hydrated. I feel in great health and am free of any flu symptoms or cold symptoms.

____ I am not pregnant or breastfeeding.

____ I do not have HIV/Aids, Hepatitis, or any other blood disorders or diseases.

____ I do not have diabetes.

____ I do not have any heart problems and blood pressure is normal to my understanding

____ I do not suffer from seizures and I am not epileptic.

____ I acknowledge that it is not reasonably possible for the associates, agents, and representatives of Empress Tattoo to determine whether I might have an allergic reaction to the dyes, pigments, or process used in my tattoo and I agree to accept such risks are possible.

____ I acknowledge that infection is a risk without the proper aftercare of my tattoo. I also know that other skin reactions can occur and I understand that the artist is not responsible. I understand that over time colour and shade of my tattoo may alter as the skin ages.

____ I do not have medical or skin conditions such as but not limited to: acne, scarring, eczema, psoriasis, freckles, moles, or sunburn in the area to be tattooed that may interfere with said tattoo. If I have any of these, a rash or infection on the area intended for the tattoo, I will let my artist know.

____ I acknowledge that a tattoo is a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove my tattoo. To my knowledge, I do not have a 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.

____ I realize that variations in color and design may exist between any tattoos as selected by me and as ultimately applied to my body. I understand that if my skin color is dark, the colors will not appear as bright as they do on light skin.

____ I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my tattoo.

____ I acknowledge that there is a chance I might feel lightheaded, dizzy, or very hot during or after being tattooed. I agree to immediately notify the practitioner in the event I feel lightheaded, dizzy and/or faint before, during or after the procedure so they can take the precautionary procedures needed to ensure that I will not pass out.

____ I understand that if I am getting my hands, fingers, and feet tattooed I will need regular touch ups as fading is normal in high wear areas. If I am getting a tattoo in between my fingers, I understand that it is possible for the tattoo to wear and completely disappear

____ I have looked over the design, checking spelling and dates, if applicable, and give my full consent to the application of my tattoo. I agree that the tattoo is drawn to my specifications and that I take responsibility for the correctness of the artwork.

____ I agree to let the artist photograph the artwork for their portfolio, and if I am uncomfortable with any photography at all I will make my artist aware.

____ I acknowledge that the artist has given me the proper aftercare guidelines, with written instructions, and that I am confident in taking care of the tattoo after I leave.

Do you have any known allergies? Yes / No

If so, please list them: _____

I consent to the application of the tattoo and to any actions or conduct of the representatives and employees of the tattoo shop reasonably necessary to perform the tattoo procedure. I agree to release and forever discharge and forever hold harmless Empress Tattoo and its associates, agents, officers and shareholders from any and all claims, damages, or legal actions arising from or connected in any way with my tattoo or the procedures and conduct used to apply my tattoo and any and all tattoos applied by Empress Tattoo and its associates, agents and representatives in the future.

Signature: _____

Date: _____