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Blessed in Ink

CONSENT TO TATTOO PROCEDURE

NAME _____ DATE _____

DOB _____ LICENSE NO. _____

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

- 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 any alcohol or drugs.
- I do not have medical or skin conditions such as but not limited to: acne, scarring (Keloid) eczema, psoriasis, freckles, moles or sunburn in the area to be tattooed that may interfere with said tattoo. If I have any type of infection or rash anywhere on my body, I will advise my tattooer.
- I acknowledge it is not reasonably possible for the representatives and employees of this tattoo shop to determine any possible allergic reactions to the pigments or processes used in my tattoo, and I agree to accept that risk.
- I acknowledge that infection is always possible as a result of obtaining 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, due to my own negligence, will be done at my own expense.
- I realize that variations in color and design may exist between any tattoo selected by me and as that tattoo 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, such as laser hair removal, plastic surgery or any other skin altering procedures; it may result in adverse changes to my tattoo.
- 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 acknowledge I am over the age of eighteen and that I have honestly represented to my tattooer that the obtaining of a tattoo is by my choice alone. 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. And
- I Waive and Release to the fullest extent permitted by law each of the artist and the Tattoo Studio from all liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise; including any direct and/or consequential damages, which result or arise from the application of my tattoo, whether caused by the negligence or fault of either the Artist or the Tattoo Studio.
- I confirm that I do not have any medical conditions such as diabetes, hemophilia, or immune system disorders, and I am not allergic to latex, certain pigments, disinfectants, dyes, soaps, or metals which could affect the tattooing process or healing. If I have any such conditions or allergies, I have informed my tattooer.
- I acknowledge that if I am currently on any medication, especially anticoagulants or blood thinners, or if I have a condition that affects my blood's ability to clot, I have informed my tattooer, as these factors may impact the tattooing process and healing.
- I confirm that I am not neurologically compromised or have a compromised immune system, which could adversely affect the healing of the tattoo. If I have such a condition, I have informed my tattooer.

CLIENT: _____ DATE _____

TATTOOER: _____ DATE _____

Therefore, I request the Tattoo Artist to tattoo my son/daughter's _____, I agree to release and forever discharge and hold harmless the Tattooer and all employees from any and all claims, damages or legal actions arising from or connected in any way with my tattoo, or the procedure and conduct used in his/her tattoo.

By my signature below, I certify that I am the parent legal guardian of _____, who is willingly submitting to these procedures.

Signature(Parent/Legal Guardian)_____ Print Name:_____

Signature(Tattooee)_____ Print Name:_____

Date:_____ Parent/Legal Guardian Photo ID:_____

ARTIST ONLY BEYOND THIS POINT

(LOT#) (NEEDLE TYPE) (INK BRAND AND COLOR)

TUBES:_____

CARTRIDGES:_____

NEEDLES:_____

INKS:_____

