



## Parlour Tattoo Studio Tattoo Release Form

Please initial each statement and sign below

I understand that Parlour Tattoo Studio has protective measures in place in order to minimize exposure to any contamination, virus or pathogen. I also understand that it is impossible to completely eliminate that risk and that by requesting to be tattooed I am assuming the risk of exposure.

To ensure proper healing of my tattoo and to minimize any type of infection or illness I agree to follow the **Tattoo Aftercare Instructions** outlined and provided to me until the healing process is complete. I understand that a tattoo usually takes 2 weeks or longer to heal. I assume full responsibility for my aftercare.

I understand that the tattoo I am requesting is a permanent change to my body and no claims have or will be made regarding the ability to undo the permanent changes I am requesting to be made.

I understand that getting tattooed does temporarily stress the body and the immune system, which could make me more susceptible to illness and infection

I have looked over my design, checked the spelling if applicable, and give my full consent to the application of my tattoo. I understand that if the writing is in a foreign language, Parlour Tattoo is not responsible for a mistake in the translation that was made prior to the tattoo being applied

I certify that I am over the age of 18

I am not pregnant or breastfeeding

I am not under the influence of alcohol or drugs

**Please answer the following questions so we can better serve you:**

Have you had alcoholic beverages in the past 8 hours? Yes \_\_\_\_ No \_\_\_\_

Do you have a history of epilepsy, seizures or fainting ? Yes \_\_\_\_ No \_\_\_\_

Do you have a history of hemophilia or excessive bleeding? Yes \_\_\_\_ No \_\_\_\_

In the last 24h, have you taken any medications that thin the blood/interfere with blood clotting (including ibuprofen or aspirin)? Yes \_\_\_\_ No \_\_\_\_

Do you have any history of allergies or adverse reactions to latex, dye, disinfectants, metals, or other sensitivities related to tattoo procedures? Yes \_\_\_\_ No \_\_\_\_ Other allergies? \_\_\_\_\_

I have been fully informed of the potential risks of being tattooed. I accept these risks. I have requested and willingly submit to these procedures with a full understanding of possible complications such as, but not limited to; development of infection, illness, difficulty in detecting melanoma, and allergic reactions to ink. I agree to release Parlour Tattoo and its employees, owners, contractors and agents of all liability and I will assume all risks that may arise from getting this tattoo.

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ Age: \_\_\_\_\_

By my signature above, I certify that I am healthy and 18 years of age or older. I understand that by providing false information or procuring false documents, I am liable for prosecution.

---

*To be filled out by artist*

Photo ID type: \_\_\_\_\_ Number: \_\_\_\_\_

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

Tattoo Description: \_\_\_\_\_ Location: \_\_\_\_\_

Ink Lot # \_\_\_\_\_ Reaction: \_\_\_\_\_

---

*To be initialed by client after tattoo*

I hereby acknowledge that the sterilization method used was explained to my full satisfaction. I had the opportunity to ask questions regarding this procedure. All questions were answered to my satisfaction. All equipment used in the procedure was opened in front of me. I witnessed disposal of tattoo needles into a regulated sharps container.

I have received a copy of the Tattoo Aftercare Instructions which I have read and fully understand and I have had the opportunity to ask questions.