



_____ DISPOSABLE

Waiver, Consent & Release Form to receive a Tattoo

BY SIGNING THIS DOCUMENT YOU STATE THAT YOU HAVE CAREFULLY READ & UNDERSTOOD ALL THE CONTENT BELOW & THE IMPLICATIONS OF SIGNING.

In consideration of receiving a tattoo/piercing from Victims of Ink – Chapel,
I agree to the following provisions;

AFTER READING, PLEASE INITIAL IN THE BOX PROVIDED TO SHOW THAT YOU COMPLETELY UNDERSTAND EACH PROVISION.

Please read/sign all 3 pages

That I, _____ have been completely informed of the inherent risks associated with getting tattooed. I completely understand that these risks, known & unknown can lead to injury, including but not limited to infection, scarring, difficulties in detecting melanoma & allergic reactions to tattoo pigment, latex gloves &/or soap. Having been informed of the potential risks associated with getting a tattoo, I still wish to proceed with the tattoo application & freely accept & expressly assume any & all risks that may arise from tattoo.

I WAIVE & RELEASE to the complete & fullest extent permitted by law of each Artist & Management, from all liability whatsoever. For any claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including direct &/or consequential damages. Which result or arise from the application of my tattoo, whether caused by negligence or fault of either the Artist, Management or otherwise.

I hereby declare that I am of legal age [18+ yrs for tattoo] & have provided valid proof of age.

I affirm that I do NOT have any blood diseases e.g. HIV, Hepatitis etc.

I affirm that if I do HAVE a blood disease of any sort I will disclose this to the Artist/ prior to commencement of the tattoo.

Please state type of blood disease _____.

I am not under the influence of any alcohol &/or drugs, & I am voluntarily submitting to be tattooed.

I affirm that I have been given the opportunity to ask any & all questions about the application of my tattoo, & all of my questions have been answered to my satisfaction.

I affirm that the Artist has given me instructions on the care of my tattoo while it is healing. I understand them completely & will follow them to the fullest extent. I acknowledge that it is possible that the tattoo can become infected if I do not follow the instructions given to me. If any touch-up work to the tattoo is needed due to my negligence, I agree that the work will be done at my own expense.

I affirm to release, forever discharge & hold harmless, Victims of Ink – Chapel Artists from any claims, damages & legal actions arising from or connected in anyway with my tattoo. Also of procedures & conduct used to apply my tattoo.

I affirm that it is not reasonably possible for the Artists & Management of Victims of Ink – Chapel to determine whether I might have an allergic reaction to the pigments of process used in my tattoo, & I agree to accept the risk that such reaction is possible.

I release all rights to any photographs or film taken of the tattoo & me. I also give consent in advance to their reproduction in print or electronic forums for use by the Artist & Victims of Ink – Chapel.

I HAVE READ THIS AGREEMENT; I UNDERSTAND IT & AGREE TO BE BOUND BY IT.

FULL NAME _____ AGE _____
DATE OF BIRTH _____ MOBILE NO. _____
ADDRESS _____
SUBURB _____ P/C _____
E-MAIL _____
ID TYPE _____ ID NO. _____

SIGNATURE _____ DATE _____

HOW DID YOU HEAR ABOUT US?

- WEBSITE
- INSTAGRAM
- REFERRAL
- LOCATION
- RETURNING CUSTOMER
- TATTOO EXPO
- FACEBOOK
- RITES OF PASSAGE
- CHAPEL PRECINCT AD
- DAILY TALK SHOW PODCAST

Confidential Information

	Yes	No
Have you eaten within the last 4 hours?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been drinking alcohol within the last 8 hours?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prone to fainting?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any medication? If yes, please specify; _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any non-prescription drugs? If yes, please specify; _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any fears around medical type procedures?	<input type="checkbox"/>	<input type="checkbox"/>
I understand that Victims of Ink – Chapel use quality sterilized equipment for tattooing to aid healing.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that the Artist cannot be held responsible if my body reacts negatively to the tattoo.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I am completely responsible for looking after my tattoo.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that sterilized equipment and/or single use disposables will be used for my tattoo.	<input type="checkbox"/>	<input type="checkbox"/>

Please circle if any of these apply to you:
Heart Disease, Diabetes, Epilepsy, HIV, Hepatitis, Anemia, Poor Healing.

This is to clarify that I, _____ do give permission to be tattooed at Victims of Ink – Chapel. I have answered all the above questions truthfully. I am completely aware of & take full responsibility for the tattoo process, the healing & the daily aftercare procedure.

Client Signature _____ Date: / / **23**

Artist/Piercers Signature _____ Date: / / **23**

*****OFFICE USE ONLY*****

Tattoo Position: _____ Fee \$ _____

OTHER: _____ TIME: _____

Artist: _____

Tattoo/ Piercing Description: _____

Aftercare Instructions given Aftercare product given Return appointment advised