

# Riverside Tattoo Company

Consent to application of tattoo and release and waiver of all claims

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ dd mm yyyy

I acknowledge by signing this form that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a piercing from Riverside Tattoo Company , Belleville Ontario, and that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below, and I agree as follows:

PLEASE INITIAL - DO NOT CHECKMARK:

\_\_\_\_\_ I acknowledge that I have truthfully represented to the associates, agents and representatives of Riverside Tattoo that I am over eighteen (18) years of age.

\_\_\_\_\_ I acknowledge that it is not reasonably possible for the associates, agents or representatives of Riverside Tattoo to determine whether I might have an allergic reaction to the materials, including dyes, pigments or processes used in my tattoo and I agree to accept the risk that such reactions are possible.

\_\_\_\_\_ 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 acknowledge that variations in color and design may exist between any tattoo as selected by me and as ultimately applied to my body.

\_\_\_\_\_ I acknowledge receipt of written instructions advising me of proper care of my tattoo, and I recognize the absolute necessity for following those written instructions.

\_\_\_\_\_ 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 ,alter or remove my tattoo.

\_\_\_\_\_ I acknowledge that the obtaining of my tattoo is by my choice alone and I consent to the procedure of the tattoo and to any actions or conduct the associates, agents or representatives of Riverside Tattoo deem reasonably necessary to perform the tattoo procedure.

\_\_\_\_\_ I agree to release, forever discharge and hold harmless Riverside Tattoo and it's associates, agents, officers and landlord from any and all claims, damages, or legal actions arising from or connected in any way to my tattoo or the procedures and conduct used to apply my tattoo.

\_\_\_\_\_ I affirm that I am not under the influence of drugs or alcohol and am voluntarily getting a tattoo without duress.

\_\_\_\_\_ I acknowledge that i am not pregnant .

## MEDICAL HISTORY

Please circle yes or no for the following conditions .

1. I have a history of fainting. Y    N
2. I have a history of skin rashes. Y    N
3. I am HIV positive. Y    N
4. I am Hepatitis positive. Y    N
5. I am diabetic. Y    N
6. I am hemophiliac/am on blood thinners. Y    N
7. I have a history of keloid scarring. Y    N
8. I have trouble healing. Y    N
9. I have high blood pressure. Y    N
10. I am free of communicable diseases. Y    N

Please list any allergies.

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Please list any medications you are currently taking.

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NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

D.O.B. \_\_\_\_\_ TATTOO : \_\_\_\_\_

PLACEMENT ON BODY : \_\_\_\_\_

CUSTOMER'S SIGNATURE: \_\_\_\_\_

IDENTIFICATION: \_\_\_\_\_

PARENT OR GUARDIAN: \_\_\_\_\_