

SANTAKA TATTOO - Consent to tattoo procedure

P2

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 - OR if I have any condition that may affect the tattoo or healing I have consulted with and was cleared by a medical professional.

I acknowledge it is not reasonably possible for the representatives and employees of Santaka Tattoo to determine whether I might have an allergic reaction to the pigments or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible.

I acknowledge that infection is always possible as a result of the obtaining of 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 and will be done at my own expense.

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 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 truthfully 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.

I understand that tattoo(s) are created by hand and the appearance of the artwork may differ from the design.

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I agree to release and forever discharge and hold harmless Santaka Tattoo and all its independant contractors from any and all claims, damages, and legal actions arising from or connected in any way with my tattoo and the procedures and conduct used to apply my tattoo.

I am not a hemophiliac (bleeder). I do not have diabetes, epilepsy, hepatitis, HIV, AIDS, or any communicable disease. I am not under the influence of alcohol and/or drugs. I am not pregnant or nursing. If I have any condition that might affect the healing of this tattoo, I have consulted with a medical professional and have been cleared to get tattooed.

I acknowledge that the artists are not translators and cannot guarantee the spelling or meaning of foreign words or symbols. I confirm that the spelling of any words to be used for the tattoo are correct and to my liking.

I agree to allow any photographs taken by the artist to be used for media advertising such as but not limited to; social media outlets, newspaper, commercials, tv, flyer ads, website, portfolio displays, other marketing materials, etc.

Date: _____

Date of birth and age: _____

Contact number/email: _____

Client Full Name and Signature:

Tattoo Artist Full Name and Signature
