**Prior to participating in any tattooing, piercing or body modification procedures at [BUSINESS NAME], all patrons must first read the following pages thoroughly and complete all questions in full.**

**We reserve the right to refuse service to anyone who does not provide complete and truthful answers. The collection of these details is ultimately intended to make your experience as safe and enjoyable as possible, so your honesty is essential and greatly appreciated.**

**Please be assured that we will not disclose your private information to a third party (with the only exception being in the event of a medical emergency as outlined below or if requested by law), and we will not store your financial details in any way once payment has been received.**

**The information you provide will be used to assess whether you are likely to suffer any adverse reactions to the procedure that you are requesting (tattoo, piercing or other), and may be referred to or provided to paramedics or other such emergency response professionals in the event of an accident, illness or medical emergency.**

**Please understand that there are rare occasions where somebody may suffer negative effects or reactions from these procedures regardless of their general health, fitness and medical history, and irrespective of how carefully we comply with all health and safety regulations. It is with this understanding that you are agreeing to and signing this accident waiver and release of liability form.**

**DISCLAIMER**

The services, products and advice offered by **[BUSINESS NAME]** are done so for recreational and cosmetic purposes only. Whilst our staff are highly skilled, well trained and strictly compliant with all health and safety regulations, we are not medical professionals and are not qualified to give medical advice in any capacity.

If you have any doubts about whether a procedure is suitable for you, or you have any concerns regarding a medical or physical issue with regards to your suitability for a procedure, please seek advice from a qualified medical professional such as your GP or surgeon prior to attending **[BUSINESS NAME]**.

If we assess that your safety may be at risk due to a pre-existing or potential medical or physical condition, we may insist that you provide a letter from your GP or surgeon giving their approval for you to participate in your desired procedure, we retain the right to refuse to undertake a body modification procedure. Please understand that these measures have been put in place for your safety and well-being.

Some minor skin reactions are normal in the case of most procedures offered at () such as a slight reddening around the area or raised skin on the tattooed area please ask your artist of what to expect from your particular procedure.

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**DETAILS OF REQUESTED PROCEDURE**

* **Tattoo**

Artist name:

Location of tattoo (area of body):

Details of all inks used (colours, manufacturer and lot numbers):

Type of design:

Confirm spelling of any included text:

* **Piercing**

Artist name:

Location of piercing (area of body):

Details of all jewellery used (style name/reference number, size, material composition and manufacturer):

* **Body Modification**

Artist name:

Location of modification (area of body):

Details of modification (including any materials/jewellery being used):

Artist Signature:

Client Signature:

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**Name:**

**Address:**

**Phone:**

**Email:**

**DOB:**

**Emergency Contact Name & Number:**

**Have you attended [BUSINESS NAME] previously? If ‘Yes’, what type of work have you had done?**

**Have you had tattoos, piercings or body modifications of any kind done previously at a different location? If ‘Yes’, please provide details:**

**Have you ever had an adverse reaction to a tattoo, piercing or similar procedure? If ‘Yes’, please provide as much information as possible and we will discuss this with you further:**

**Do you have any allergies? If yes please provide details**

**Have you ever had an adverse reaction to receiving an injection of any type, or are you aware of being allergic to inks, dyes, metallic jewellery, latex gloves or anything else that might be used during the tattoo/piercing procedure? If ‘Yes’, please provide as much information as possible and we will discuss this with you further:**

**Are there any areas of your body that you would specifically like us to avoid during your visit(s)? This will obviously depend on what procedure you are attending for and what type of work you have requested:**

**Do you regularly take any type of medication? If ‘Yes’, please provide details:**

**Do you suffer from any medical conditions (e.g. communicable diseases, migraines, allergies of any kind, rashes, dizziness, heart palpitations, cancer, irritable bowel, etc)? If ‘Yes’, please provide details:**

**Do you suffer from any type of chronic pain? If ‘Yes’, please provide details:**

**Are you pregnant, or is there any possibility that you might be pregnant?**

**Have you had any significant injuries in the last 12 months? Please provide details:**

**Have you had any surgeries in the last 12 months? Please provide details:**

**If you are pregnant, or have had any injuries or surgeries in the last 12 months, do you have approval from your physician to attend this session?**

This signed waiver and release form will only be accepted if you are at least **18** years of age for tattooing and body modification and you are legally and mentally capable of understanding and adhering to the conditions stipulated in this agreement.

As stated above, there is a requirement that all questions on this form are answered, and that you fully disclose any information that is requested within. If any relevant information is withheld, the form is not completed in full, or the information that is provided raises any concerns regarding your health, safety or wellbeing, we reserve the right to refuse service unconditionally.

If you are not of at least **18** years of age, you may only be considered for participation for piercing if a parent or legal guardian who is at least **18** years of age signs the waiver form on your behalf. In doing so, this person is accepting and agreeing to all conditions stipulated within this document on your behalf.

This agreement is between **[BUSINESS NAME]** and **[CUSTOMER/PARENT/GUARDIAN NAME]**.

**ACKNOWLEDGMENT OF RISKS**

During my visit to **[BUSINESS NAME]**, depending on the type of work I am having done (tattoo, piercing or other), I may receivecertaininstructions, advice or information with regards to the tattooing or piercing processes, creative and practical considerations regarding the tattoo or piercing, how to take care of the tattooed or pierced area after the work is done, and other such relevant aspects of the procedure.

I acknowledge that such information or suggestions are provided by **[BUSINESS NAME]** only as a courtesy and that ultimately, it is my decision whether or not to follow such advice, and that my ongoing health and safety is entirely my own responsibility.

The staff at **[BUSINESS NAME]** have made it very clear to me that there is a risk of infection if I do not take proper care of the tattoo/piercing site after the work is finished, and they have provided me with aftercare instructions (both verbal and written) which I agree to follow until the area has fully healed.

If any touch-up work is required at a later date due to my own negligence or failure to follow these aftercare instructions, it will be entirely at my own expense. Similarly, if any medical issues arise as a result of the tattoo/piercing site becoming infected, any medical costs incurred will be at my own expense, regardless of whether or not I followed the aftercare instructions correctly. **[BUSINESS NAME]** will not be held liable for any costs or inconveniences that arise as a result of, but not limited to, any of these scenarios.

I understand that when the tattoo is applied to my body, there may be slight variations in how the colours and design look on my skin, compared to how they appear on paper or on a device screen. I realise that my skin type, colour complexion and elasticity are all factors which may affect the final appearance of the tattoo, and that this is not the responsibility of my artist.

I confirm that I have chosen to receive a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tattoo/piercing/body modification, and that it will be applied to my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have reviewed the spelling of any words or text that will form part of my tattoo (if applicable), and I confirm that I have approved the tattoo design and the spelling of any text with my artist. This is confirmed in the ‘Details Of Requested Procedure’ section of this form.

I also acknowledge that the services offered by **[BUSINESS NAME]** carry an inherent risk of pain, injury, discomfort, illness or in extremely rare cases, even death. Medical-type instruments such as needles, scalpels (in the case of body modifications) and antiseptic solutions will be used for most procedures at **[BUSINESS NAME]**, and each individualcan react differently tothe use of such items.

I confirm that I have been made aware of the possible risks associated with participating in my chosen procedure at **[BUSINESS NAME]**, and I acknowledge that by signing this form I am accepting these risks and am choosing to proceed with my decision to receive a tattoo, piercing or other.

The staff of **[BUSINESS NAME]** have made me fully aware of these risks and in entering into this agreement, I agree that I will not hold **[BUSINESS NAME]** responsible for any injuries, ailments or infections that I sustain as a result of this procedure.

I am aware that this release form, which contains my personal information, my responses to specific questions, and my signed agreement to waive liability, will be held on record by **[BUSINESS NAME]**. I am also aware that this document may be referred to if I am involved in any type of accident or medical emergency, and it may be presented to medical professionals in the event that I require emergency medical treatment.

I confirm that I am not under the influence of any drug or alcohol, and that I have made the decision to sign this form whilst in full control of my senses. If I am regularly taking any type of medication, particularly any which thins the blood, I have informed the staff and spoken to them about it.

I have answered all questions asked on this form truthfully and completely, and I have provided complete details regarding any pre-existing medical conditions, disabilities, or physical limitations that I suffer from and/or I am aware of. I confirm that to the best of my knowledge, I have not withheld any information of this nature.

Whilst it is unlikely that I will suffer any serious adverse reactions to my procedure at **[BUSINESS NAME]**, I do acknowledge that there is some degree of risk and that there is the potential for injury, illness or death, and also loss of or damage to my property. Such risks could arise from faulty/malfunctioning equipment, actions of the staff at **[BUSINESS NAME]**, adverse reactions to the ink or other materials used, the location of **[BUSINESS NAME]**, the actions of other patrons/visitors to the business, natural disasters or extreme weather conditions, and other potential risks.

I acknowledge that I have had sufficient time and opportunity to seek independent legal advice regarding this form and its contents prior to my signing it and effectively entering into a contract with **[BUSINESS NAME]**. I also confirm that I have been given ample opportunity to ask any questions that I have about the procedure, and that all my questions have been answered satisfactorily and to my understanding.

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**Signature of Participant/Parent/Guardian Date**

**RESPONSIBILITIES OF THE CUSTOMER**

By engaging **[BUSINESS NAME]** for your chosen procedure and signing this form, you are accepting full responsibility for your mental, physical and medical health condition. This also includes your full acceptance of responsibility for any medications that you are taking, and any activities that you take part in while you are in attendance at **[BUSINESS NAME]**.

It is assumed that you are aware of your own physical and medical limitations, that you will act responsibly and in accordance with these limitations, and that you accept any and all risks that may be associated with any activities that you engage in whilst on these premises.

If you experience any pain, discomfort or distress during your visit, or you have any requests regarding modifications to the procedure or the surroundings, please notify your artist immediately so that an assessment can be made. Please note that although we will do our best to accommodate any special requests, we are bound by workplace health and safety regulations and best practice standards, and in many circumstances it may be unlikely that we are permitted to modify the procedure.

It is essential that you notify us if you have any pre-existing medical conditions or physical impairments/limitations that may adversely affect you during the procedure. Please answer all questions on this form honestly and completely, and also mention anything of this nature to your artist prior to commencing your procedure to ensure that they are aware of it.

If you are pregnant or believe that you might be pregnant, please make note of this in the questions section at the beginning of this form,and discuss this with your artist prior to your session as you are at increased risk of infection and adverse reaction.

Our staff will not provide medical advice. Any suggestions made by our staff regarding health conditions or follow-up care of the tattoo/piercing/modification site should not be taken as “medical advice”. You should always consult your medical practitioner or specialist if you have any questions or concerns regarding health issues, diagnoses and treatment. If you suffer from any complications or health concerns following your procedure, please see your doctor immediately.

It is your responsibility to seek medical advice prior to attending your session at **[BUSINESS NAME]** if you have any doubts or concerns regarding your capability to safely complete the procedure. By your signing this form and attending our studio to have work done, we are of the assumption that you have received approval from your medical physician to do so, and we will not be held responsible for any accidents or illness that occurs as a result of your participation in this procedure.

Further to the above, if you do have any pre-existing medical conditions, are pregnant or suspect that you may be pregnant, or you have had any recent surgery or medical procedures, you should seek approval from your GP or surgeon prior to getting inked, pierced or otherwise at **[BUSINESS NAME]**.

In signing this form you are acknowledging that you understand your obligation to fully disclose any relevant personal, health and medical details to **[BUSINESS NAME]**. Further, you are agreeing to the ‘Responsibility of the Customer’ conditions outlined above, and confirming that you have consulted your GP or surgeon and have received their approval to participate in today’s session (if applicable).

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**Signature of Participant/Parent/Guardian Date**

**WAIVER AND RELEASE**

In signing this form, you are agreeing to release from any liability **[BUSINESS NAME]** and its directors, managers, artists, employees, and any contractors or volunteers who are working on the premises, and specifically, you are agreeing to the following conditions:

I, **[CUSTOMER’S FULL NAME]**, acknowledge that I am voluntarily participating in all procedures during my visit to **[BUSINESS NAME]**. I further acknowledge that my participation in any activities, and the use of the facilities and equipment at **[BUSINESS NAME]**, including the carpark, entrance, toilet/bathroom and any other areas within and around the building, is done so at my own risk and I completely assume all responsibility for any injuries, illness or damage to my property or person whilst I am on the premises. I agree that **[BUSINESS NAME]** will in no way be held liable for any claims or damages that may arise as a result of my visit to **[BUSINESS NAME]**.

I confirm that I have read this waiver and release form carefully and thoroughly, and I fully understand that by signing it I am agreeing to a complete release of liability by **[BUSINESS NAME]**. In doing so, I am waiving the right to bring any action or claim against **[BUSINESS NAME]**, its owners, affiliates or staff for any injuries incurred, death, or loss or damage to property as a result of negligence or fault by the staff, guests or anyone associated with **[BUSINESS NAME]**.

I confirm that I have no illnesses or physical restrictions that may impair my ability to participate in any procedures at **[BUSINESS NAME]**, and that I have not been advised by a medical health professional to avoid such activities. I agree that if I do have any concerns regarding my physical or mental health, or my ability to successfully endure the procedure, I will bring it to my artist’s or another staff members attention immediately.

I also acknowledge that if I do aggravate an existing condition as a result of my participation in the procedure, or if I cause myself any type of injury or pain as a result of my participation, I will not hold the **[BUSINESS NAME]** or staff responsible and I waive my rights to bring any type of legal or civil action against the staff or facility.

I am aware of and accept any risks associated with receiving a tattoo, piercing or other such procedure at **[BUSINESS NAME]**, including risks arising from negligence by the released parties, from malfunctioning or dangerous equipment used at the facility, or from possible liability without fault from the released parties.

In the event of an emergency (such as an accident, injury or illness) whilst I am participating in a procedure at **[BUSINESS NAME]**, I do consent to the studio seeking medical assistance on my behalf, signing any necessary consent forms on my behalf, and to my receiving any medical treatment that is deemed advisable or necessary by a medical professional under the circumstances.

I acknowledge that the fee paid for my chosen procedure at **[BUSINESS NAME]** is not inclusive of personal accident insurance, and that any additional costs incurred from sustaining an injury, accident or illness during or after my session will be my own responsibility. This could include, but is not limited to, the cost of an ambulance being called, any medical bills incurred by time spent in hospital, and any rehabilitation or follow-up treatment/therapy that may be required or beneficial.

I understand that my personal information is collected by **[BUSINESS NAME]**, and that this information is used to assess my suitability for the elected procedure. I also accept that this information may be provided to a medical health professional in the event that I should suffer an injury or illness, and/or it is determined that I require medical treatment whilst attending **[BUSINESS NAME]**.

I confirm that I have read and understood the terms and conditions stipulated within this document, and I agree to be bound by them. In signing this waiver and release form, I am agreeing to not make any claims against **[BUSINESS NAME]**, its directors, managers, or staff, in the event that I should suffer any injuries or damages (including, but not limited to, illness, personal injury, death, loss of property or damage to property) whilst participating in any procedures or activities at this facility.

I acknowledge that this is a contract to release the liability of **[BUSINESS NAME],** and I sign it without any coercion and of my own free will. This waiver and release from liability agreement should be interpreted as a complete release and waiver to the maximum extent possible under **the applicable consumer laws and regulations of this country, state or province.**

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**Signature of Participant Date**

In signing this waiver and release form, I am confirming that I have read and fully understand all of its contents and stipulations, and that I agree to all of the provisions within. I acknowledge that I am **[18]** years of age or older, or that if I am under **[18]** years of age, my parent/legal guardian has read and understood this document and all of its terms and conditions, and they have signed the form on my behalf. As part of my agreement with **[BUSINESS NAME]**,I agree to answer all questions truthfully and completely, particularly those questions pertaining to my health and physical/medical condition.

**Full Name:**

**Signature:**

**Date:**

**For participants/customers who are under the age of [18], your parent/guardian must sign the below undertaking on your behalf:**

I, **[FULL NAME]**, being the legal parent/guardian of **[MINOR’S FULL NAME]**, confirm that I have read this waiver and release form in its entirety and have made every effort to ensure that I understand the procedure that they are participating in. I hereby consent that they participate in this procedure and I acknowledge that however unlikely, it is possible that they may experience an adverse reaction to this procedure, and that there exists a risk of injury, illness, property damage, disability and even death.

I agree that in the event of any such accident or occurrence, **[BUSINESS NAME]**, the organisation, its staff, contractors and managers will not be held liable whatsoever, with the only exception being any rights that arise as per applicable local consumer laws or regulations.