



CONSENT TO TATTOO/PIERCING PROCEDURE

CLIENT INFORMATION AND MEDICAL HISTORY

In order to provide you with the most appropriate tattoo/piercing procedure, we need you to fill out the following questionnaire. **All information is strictly confidential.**

PERSONAL INFORMATION

Client name: _____ Date of birth: _____

Home address: _____

E-mail: _____ Tel.: _____

How were you referred to us? _____

I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a tattoo/piercing and that all of my questions have been answered to my full satisfaction. I specifically acknowledge I have been advised of the facts and matters set forth below and I agree as follows:

- If I have any condition that might affect the healing of this tattoo/piercing, I will advise my tattooist/piercer. I am not pregnant or nursing. I am not under the influence of alcohol or drugs.
- I do not have medical or skin conditions such as but not limited to: acne, scarring (Keloid), eczema, freckles, moles or sunburn in the area to be tattooed/pierced that may interfere with said tattoo/piercing. If I have any type of infection or rash anywhere on my body, I will advise my tattooist.
- I acknowledge it is not reasonably possible for the representatives and employees of 67 TATTOO SHOP 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/piercing, particularly in the event that I do not take proper care of it. I have received aftercare instructions and I agree to follow them while my tattoo/piercing is healing. I agree that any touch-up work needed, due to my own negligence, will be done at my own expense.
- I realize that variation in colour and design may exist between any tattoo as selected by me and as ultimately applied to my body. I understand that if my skin colour is dark, the colours will not appear as bright as they do on light skin.

- 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/piercing is **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 acknowledge, I do not have a physical, mental or medical impairment or disability, which might affect my well being as a director or indirect result of my decision to have a tattoo.
- After the consultation with my tattooist, I agree with the motif that will be permanently applied to my body and in terms of any writings or typography I take the responsibility for it's correct order and grammar.
- I acknowledge I am over the age of eighteen and I have truthfully represented to my tattooist/piercer that the obtaining of a tattoo/piercing is by my choice alone. I consent to the application of the tattoo/piercing and to any actions or conduct of the representatives and employees of the tattoo shop reasonably necessary to perform the tattoo/piercing procedure.

Do you have any of these medical conditions?

- ◆ HIV/AIDS ◆ Diabetes ◆ High/low blood pressure ◆ Skin lesions
- ◆ Blood clotting abnormalities ◆ Epilepsy

Did you ever had an allergic reaction to the following?

- ◆ Nuts ◆ Latex ◆ Lidocaine

CONSENT TO RELEASE OF PHOTOGRAPHS

I hereby grant 67 TATTOO SHOP permission to use my likeness in photographs in any way the company sees fit. I confirm I am 18 years of age or older. By signing this release, I accept that photographs may be used on the internet or in any other print or electronic medium as 67 TATTOO SHOP chooses. I will make no monetary or other claim against 67 TATTOO SHOP for use of the photographs.

CONSENT TO TATTOO PROCEDURE ON UNDERAGED CLIENT

I agree that my underaged child/child in my care is going to go under tattoo/piercing procedure in 67 TATTOO SHOP and I won't ever have any reminders or claims in the future.

Signature of both parents or care takers: _____

In Prague, today: _____ Signature: _____