

# SANS SOUCI TATTOO

318 RUHLE ROAD BALLSTON LAKE, N.Y. 12019

## Consent to Application of Tattoo and Release and Waiver of all Claims

Please submit two (2) forms of valid identification ( drivers license, birth certificate, passport)

By signing this document, being over the age of eighteen (18), I do hereby consent to the administration upon me of a certain tattooing procedure by said tattoo artist, more particularly described in a record maintained by said tattoo artist, bearing the same date as this consent, and do hereby acknowledge that I have received a written information sheet from said tattoo artist concerning the risks involved with the procedure and it's possible complications, as well as written instructions concerning aftercare procedures, and have fully reviewed and discussed the same with the tattoo artist.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Artist: \_\_\_\_\_

Anatomical Location: \_\_\_\_\_ Tattoo Design: \_\_\_\_\_

Email: \_\_\_\_\_

I specifically acknowledge that I have been advised of the facts and matters set forth below, and I agree:

\_\_\_\_\_ - A new sterile needle should be used for each tattoo. The sterile package containing this needle should be opened in front of you.

\_\_\_\_\_ - There is a potential for an adverse physical reaction to the dyes used in the tattooing procedure. It is not possible for the tattooist to determine whether an allergic reaction to the dyes or pigments, or processes used in tattooing will occur.

\_\_\_\_\_ - Infection is always possible, particularly in the event that proper care of the tattoo is not taken.

\_\_\_\_\_ - Every person's skin heals differently depending on the elasticity and texture of the area being tattooed. I acknowledge that my tattooist has gone over the risk involved with the area being tattooed including but not limited to "blow-outs" as well as ink "falling out" and release the tattooist of any responsibility should such occur.

*If you are in one of the following groups, you are considered to be an elevated risk of infection or illness due to tattooing:*

History of one or more of the following: jaundice; hepatitis; AIDS; positive HIV; skin disease; skin cancer; hemophilia; epilepsy; heart condition; diabetes; allergic reaction to pigments, dyes or other sensitivities; blood donation exclusion (for other than hypertension, weight, or immediate illness) or are taking medications which thin the blood (e.g., chemotherapy, steroid therapy).

In the event of an infection or illness associated with a tattooing procedure, contact a physician and notify the Saratoga Department of Health at (518) 584-7460

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

