



## Waiver and Release for Tattoo Services

**Please initial on each line** to show that **you have read** and understand/agree to **each** statement

\_\_\_\_\_ I have been fully informed of the inherent risks associated with getting a tattoo. I fully understand that these risks, known and unknown, can lead to injury, including but not limited to infection, scarring, difficulties in detecting melanoma and allergic reactions to tattoo pigment, latex gloves, bandaging, and/or soap or aftercare. Having been informed of the potential risks associated with getting a tattoo including greater risks associated with the COVID-19 virus, I still wish to proceed with the tattoo application and I freely accept and expressly assume any and all risks that may arise from tattooing.

\_\_\_\_\_ TO WAIVE AND RELEASE to the fullest extent permitted by law each of the artists and the facility they're employed/contracted by from all liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors or assigns may have, for personal injury or otherwise. Including any direct and/or consequential damages, which result or arise from the application of my tattoo, whether caused by the negligence or fault of either the artist or the facility they're employed/contracted by, myself, or otherwise.

\_\_\_\_\_ That both the artist and the facility they're employed/contracted by have given me the full opportunity to ask any and all questions about the application of my tattoo and all of my questions have been answered to my total satisfaction.

\_\_\_\_\_ The artist and the facility they're employed/contracted by have given me instructions on the care of my tattoo while it's healing, and I understand and will follow them. I acknowledge that it is possible that the tattoo can become infected, particularly if I do not follow the instructions given to me. If any touch-up work to the tattoo is needed due to my own negligence, I agree that the work will be done at my own expense.

\_\_\_\_\_ I am not under the influence of alcohol or drugs, and I voluntarily submit to being tattooed by the artist without duress or coercion.

\_\_\_\_\_ I do not have diabetes, epilepsy, hemophilia, a heart condition, nor do I take blood thinning medication. I do not have any other medical or skin condition that may interfere with the application or healing of the tattoo. I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed preventive regimen of antibiotics that is required by my doctor in advance of any invasive procedure such as tattooing or piercing. I am

not pregnant or nursing. I do not have a mental impairment that may affect my judgment in getting the tattoo.

\_\_\_\_\_ IF YES, have you spoken with the artist already?

\_\_\_\_\_ Neither the artist nor the facility they're employed/contracted by is responsible for the meaning or spelling of the symbol or text that I have provided to them or chosen from the flash (design) sheets.

\_\_\_\_\_ Variations in color and design may exist between the tattoo art I have selected and the actual tattoo when it is applied to my body. I also understand that over time, the colors and the clarity of my tattoo will fade due to unprotected exposure to the sun and the naturally occurring dispersion of pigment under the skin.

\_\_\_\_\_ A tattoo is a permanent change to my appearance and can only be removed by laser or surgical means, which can be disfiguring and/or costly and which in all likelihood will not result in the restoration of my skin to its exact appearance before being tattooed.

\_\_\_\_\_ I agree to let my artist and the facility they're employed/contracted by use photographs of me or my tattoo for portfolio or advertising purposes.

\_\_\_\_\_ I acknowledge that I have been given adequate opportunity to read and understand this document, that it was not presented to me at the last minute, and I understand that I am signing a legal contract waiving certain rights to recover against the artist and the facility they're employed/contracted by.

\_\_\_\_\_ I hereby declare that I am of legal age (and have provided valid proof of age) and am competent to sign this Agreement and I understand parental consent does not apply towards tattoo contract or procedure in Alberta.

**This business is collecting basic information to share with public health in the event a COVID-19 case is identified associated with this business as required by provincial law.**

**A refusal to answer questions may result in a refusal of service.**

\_\_\_\_\_ I agree to come to my appointment alone.

\_\_\_\_\_ I agree to enter and exit through the BACK door of the facility only.

\_\_\_\_\_ I agree to wash my hands upon entering the building and to maintain hygienic standards while I am at the facility.

\_\_\_\_\_ I agree to wear a face mask to my appointment and to bring multiple extras.

\_\_\_\_\_ I understand that if I am visibly sick or coughing that I may be sent home and asked to reschedule after a period of time.

Have you knowingly been exposed to someone with COVID-19 symptoms within 14 days:

Yes  No

Have you been to a gathering of 10 or more people in the last 14 days:  Yes  No

Do you have/or have had any of the following symptoms within the last 14 days:  Yes  No

-cough

-shortness of breath or difficulty

breathing

-fever

-chills

-muscle pain

-sore throat

-new loss of taste or smell

-gastrointestinal symptoms (nausea,  
vomiting, or diarrhea)

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Full Legal Name

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Date of Birth

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Telephone Number

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Address

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City

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Province

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Postal Code

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Country

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Email Address

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Date of appointment

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Time of appointment

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Name of Artist

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Design

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Placement

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Signature

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Today's Date