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TATTOO CONSENT FORM

Circle One

Micheal - Trenton - Kevin - Guest Artist

NAME	TODAY'S DATE	DOB
ADDRESS		
CITY	POSTAL	PROV
LICENCE/HEALTH CARD #	PHONE	EMAIL

I acknowledge by signing this agreement that I have been given the full opportunity to ask and all questions which I might have about the obtaining of a tattoo 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:

1. If I have any condition that might affect the healing of this tattoo, I will advise my tattooer. I am not pregnant or nursing. I am not under the influence of alcohol or drugs.
2. I do not have medical or skin conditions such as but not limited to: acne, scarring, eczema, psoriasis, moles or sunburn in the area to be tattooed that may interfere with said tattoo. I also acknowledge that I do not have any communicable disease such as HIV-AIDS, HEP. A/B/C, or any other strains, etc. If I have any of the above or other infections or rashes anywhere on my body, I will advise my tattooer.
3. I will not hold Level Up Tattoo Studio responsible for the work performed on me by any of the artists and acknowledge that this is the tattoo I have requested (I have seen the artwork and/ or the stencil when it was placed on my body and have acknowledged that all spelling is correct, this is the artwork I requested, I have asked any and all questions) and if I am not sure, I will say something to my artist.
4. I acknowledge that I do not have any 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 done at this time I understand that tattoos are permanent and cannot be removed.
5. I acknowledge it is not reasonably possible for the representatives and employees of this 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.
6. 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, will be done at my own expense.
7. I state that I am of age (18) to receive a tattoo. I acknowledge that I am of age, and Level Up Tattoo Studio is not responsible for further identification. If I lie about my age, Level Up Tattoo Studio is not responsible for my well being. If I sign and I am not the stated age, Level Up Tattoo Studio has the right to legally pursue action against me. The below signature release staff and associated parties from any legal responsibility re: age.

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.

Do you have HIV, Aids, Hepatitis (any strain) or any other blood-borne illness? Yes No

Do you have high blood pressure, diabetes, bleeding disorders, heart problems, cold/flu, etc.? _____

Are you pregnant? Yes No

Do you have Allergies? Yes No If yes, what _____

Occupation _____

Is this your first tattoo? Yes No Are you afraid of Needles? Yes No

Have you eating in the past 2 hours? (Should be yes) Yes No

Have you ever fainted? Yes No

Are you currently (meaning today) using any recreational drugs (including weed)? Yes No

How did you hear about Level Up Tattoo Studio? _____

NOTES Regarding any questions from above _____

CLIENT	DATE
TATTOO ARTIST	DATE