



282 MONARCH AVE.
UNIT 22B
AJAX, ONTARIO
L1S 2G6
905.231.2360

WAIVER & CONSENT FORM

- Int._____ 1. To my knowledge, I do not have any **mental or medical impairments (including bleeding risks), medications or disabilities** that may affect my well being (directly/indirectly) to make a decision to have any tattoo/piercing procedure done or to have the service performed; at this time.
 - Int._____ 2. I agree to follow all instructions concerning the care of my tattoo(s) and/or piercing(s) while it's healing. I agree that any touch up work, due to my negligence, will be done at my own expense.
 - Int._____ 3. I understand that everyone's skin and colour of skin (pigment) can hold ink differently. Colours may not appear as brightly on darker skin as they do on lighter skin tones. I also understand that skin can react and or heal differently, each and every time it's Tattooed or Pierced.
 - Int._____ 4. At this time (and going forward), I hereby release any and all owners, employees, agents, contractors, artists, apprentices and or persons working for or contracted with, or representing DRAGON INK TATTOOS & PIERCINGS INC. from all liability or responsibility. I agree not to sue DRAGON INK TATTOOS & PIERCINGS INC. or its heirs or assigns in connection with any and all damages, claims, demands, rights and causes of action of whatever kind or nature based upon actions/inactions, injuries or property damages to, or death of myself, or any other persons arising from my decision and action to have any tattoos/piercings related work at this time, whether caused or not by any negligence of DRAGON INK TATTOOS & PIERCINGS INC. or its employees/contractors.
 - Int._____ 5. I agree for myself, my heirs, assigns and or legal representatives to hold harmless from all damages, actions, causes of action, claim judgments, costs of litigations, attorney's fees, and all other costs/expenses which may arise from any tattoo/piercing work done by or at DRAGON INK TATTOOS & PIERCINGS INC.
 - Int._____ 6. I have been advised that the Tattoo will be permanent and that it can only be removed with a surgical procedure and that any effective removal will/may leave permanent scarring and or disfigurement. This cautionary notice is required to be provided to me, by the health department and I hereby acknowledge receipt of this formal notice.
 - Int._____ 7. I agree to pay for any/all costs associated to or resulting from any damages/injuries to any person and or property belonging to DRAGON INK TATTOOS & PIERCINGS INC. or caused by or resulting from my decision and or action to have any tattoo or piercing work done by DRAGON INK TATTOOS & PIERCINGS INC.
 - Int._____ 8. I hereby grant irrevocable consent to and authorize the use of any reproduction by DRAGON INK TATTOOS & PIERCINGS INC., any and all photographs/images taken this or any day of me, negative or positive proof which will be hereby attached for any purposes whatsoever, without further compensation to or from me. All digital images, negatives, together with the prints, video or live Internet stream shall become and remain the property of DRAGON INK TATTOOS & PIERCINGS INC., solely and completely.
 - Int._____ 9. I have been provided with information describing the Tattoo/Piercing procedure to be performed and instructions on aftercare. I have been made aware that if I have any signs or symptoms of infection, such as swelling, pain, redness, warmth, fever, unusual discharge or odour, to contact my physician and or seek medical attention within 24 hours.
 - Int._____ 10. I agree to inspect and sign off my tattoo stencil with any writing, names, dates or characters and remove liability from DRAGON INK TATTOOS & PIERCINGS INC. for any spelling discrepancies after the fact. Failure to sign the stencil does not reverse the liability back to DRAGON INK TATTOOS & PIERCINGS INC.
 - Int._____ 11. I swear or affirm and agree that the above and below information I have signed and provided is true and correct.
- I agree that these waivers also pertain to and are designated to protect any and all establishments where DRAGON INK TATTOOS & PIERCINGS INC. conducts business. I represent and warrant to DRAGON INK TATTOOS & PIERCINGS INC. that the following information is true and correct.

<p>* PRINT CLIENT FULL NAME: _____</p> <p>* DATE OF BIRTH: Day _____ Month _____ Year _____</p> <p>* SEX: M F (CIRCLE ONE)</p> <p>* ADDRESS: _____</p> <p>* CITY: _____ PROVINCE: _____ POSTAL: _____</p> <p>* HOME PHONE: _____</p> <p>* CELL: _____</p> <p>* EMAIL ADDRESS: _____</p> <p>* CUSTOMER SIGNATURE: _____</p> <p>* GUARDIAN PRINTED NAME: _____</p> <p>* GUARDIAN Date Of Birth: _____</p> <p>* Address (if different than client): _____</p> <p>* GUARDIAN SIGNATURE: _____</p>	<p>DATE of SERVICE: _____</p> <p>BODY LOCATION OF TATTOO/PIERCING: _____</p> <p>DESCRIBE TATTOO/PIERCING: _____</p> <p>PRICE OF WORK: _____</p> <p>TOUCH UP/SUPPLY FEE \$: _____</p> <p>PROMO/DISCOUNT: _____</p> <p>LESS DEPOSIT: _____</p> <p>HST TAX: _____</p> <p>TOTAL BALANCE OWING: _____</p> <p>ARTIST FULL NAME: _____</p> <p>ARTIST SIGNATURE: _____</p> <p>ARTIST NOTES: _____</p> <p>TOTAL ESTIMATE/QUOTED COST: _____</p>
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↓ TO BE COMPLETED BY CLIENT AFTER THE TATTOO/PIERCING ↓

YOUR NEEDLE OPENED IN FRONT OF YOU IN A BRAND NEW PACKAGE:	YES / NO
YOUR NEEDLE DISCARDED AFTER USE:	YES / NO
YOU RECEIVED AN AFTER CARE SHEET:	YES / NO
PHOTO TAKEN OF YOUR TATTOO/PIERCING:	YES / NO

FOR OFFICE USE:
 Entered: Y / N
 Copied: Y / N
 Initialed: _____

OFFICE USE ONLY

NEEDLES

SIZE	LOT#	EXPIRY DATE	BRAND	CAT#

GRIPS

SIZE	LOT#	EXPIRY DATE	BRAND	CAT#

MISCELLANEOUS SUPPLIES

	Gloves	Ink Caps	M. Covers	B. Covers	C. Covers	Medical Bibs	Bandages	Razors	Depressors
Quantity									
Cat#									

INK COLOURS

COLOUR NAME					
BRAND					
COLOUR					

ARTIST COMMENTS

SHOP PROCEDURES

	DISPOSED	GRADE	INITIALS	
NEEDLES				
GRIPS & TUBES				
COVERS				
INK CAPS				
PAPER TOWELS				
GLOVES				
CLEANER				
DISINFECTANT				

TATTOO START TIME: _____

TATTOO FINISH TIME: _____



**CHECK BOX WHEN YOU HAVE TAKEN A PHOTO.
*A MUST WITH EVERY TATTOO NO MATTER THE
SIZE/PRICE. PHOTO TO BE ATTACHED TO WAIVER.**