

9030 Federal Blvd
Federal Heights, CO
80260

Tattoo ☐ Piercing ☐ laser ☐

303-974-5028
Leveluptattooco.com
Leveluptatt2@gmail.com

Level Up Tattoo Company

NAME: _____ DATE: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ # _____

I have a history of the following:

- ☐ HIV ☐ HEPATITIS ☐ DIABETES ☐ HEMOPHILIA ☐ MEDICATIONS ☐ BREATHING DISORDER
☐ HEART CONDITION ☐ CURRENTLY PREGNANT ☐ ALLERGIES TO LATEX, DYES OR SOAPS
☐ ALCOHOL OR DRUGS WITHIN PAST 24 HRS ☐ SKIN LESIONS/DISEASES ☐ DIZZINESS/FAINTING
☐ CURRENTLY TAKING PRESCRIPTION DRUG COUMADIN
☐ TREATMENT WITH ANTICOAGULANTS OR MEDICATION THAT INHIBITS COAGULATION OF BLOOD.

____1. To my knowledge, I do not have any mental or medical impairment or disability which might affect my well-being as a direct or indirect result of my decision to have any tattoo and/or piercing procedure done at this time.

____2. I agree to follow all instructions concerning the care of my tattoo and/or piercing while it's healing. I agree that any touch up work, due to my negligence, will be done at my own expense.

____3. I agree for myself, my heirs, assigns and legal representatives to hold harmless from all damages, actions, causes of action, claim judgements, cost of litigations, attorney's fees and all other costs and expenses which might arise from my decision to have any tattoo and/or piercing work done by Level Up Tattoo Co.

____4. I have been advised that the tattoo will be permanent and that it can only be removed with a surgical or laser procedure, and that any effective removal will leave permanent scarring and disfigurement. This cautionary notice is required to be provided to me by the health department and I hereby acknowledge receipt of this formal notice.

____5. I agree to pay for any and all damages and injuries to any persons and property belonging to Level Up Tattoo Co or any other person to whom they may become liable contractually or by operation of law, caused by or resulting from my decision to have any tattoo and/or piercing work by Level Up Tattoo Co.

____6. I swear or affirm and agree that the above information is true and correct. I have been provided with information describing the tattoo and/or piercing procedure to be performed and instructions on after care. 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 odor to contact a physician. It is also my responsibility to take care of my new tattoo and/or piercing site according to the instructions provided to me both verbally and in writing.

____7. I agree at the risk of penalty of law for falsifying information that I have read, understand, and agree to the terms and stipulations set forth in this release form and that all information stated is true and accurate.

Customer Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

How did you hear about us? _____

