

SYDAEUS Tattoo LLC

17493 E Chenango Dr

Name _____ Date _____

Aurora, CO 80015

DOB _____ License No. _____

Sydaeus@yahoo.com

Address _____

Sydaeustattoo.com

City _____ State _____ Zip _____

720-436-6369

I acknowledge by initialing each statement below that I have read, understand and agree. By signing this consent form I have been given the full opportunity to ask any and all questions I might have about obtaining a tattoo.

_____ I have been informed of and am aware of the inherent risks associated with getting a tattoo. I understand and acknowledge that these risks can lead to injury, including without limitation, infection, scarring, and allergic reactions, and that there may be additional risks, both known and unknown. Having been informed of the potential risks associated with getting a tattoo, I still wish to proceed with the tattoo application and I freely and willingly accept and expressly assume any and all risks that may arise therefrom.

_____ I acknowledge that all my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the facts and matters set forth below, and I agree as follows:

_____ I acknowledge that I have truthfully represented that I am over eighteen (18) years of age and am competent to sign this agreement.

_____ I am not under the influence of alcohol or drugs and that I am voluntarily submitting to receive body art without duress or coercion.

_____ I have looked over my design, checked the spelling if applicable, and give my full consent to the application of my tattoo.

_____ I acknowledge that the information I have provided in the Medical Health Questionnaire is complete and true to the best of my knowledge and that any medical information obtained will be subject to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA)

_____ I acknowledge it is not reasonably possible to determine whether I might have an allergic reaction to the dyes, pigments, or processes used in my tattoo and I agree to accept that such risks are possible.

_____ I acknowledge that infection is always possible as a result of obtaining a tattoo particularly in that event that I DO NOT take proper care of my tattoo, and I am aware of the signs and symptoms of infection, including, but not limited to redness, swelling, yellow or green discharge, red streaks going from the tattoo towards the heart, elevated body temperature, or purulent drainage from the procedure site.

_____ I will seek professional medical attention if signs and symptoms of infection occur.

_____ I acknowledge receipt of written instructions advising me of proper care of my tattoo and recognize the absolute necessity of following those written instructions. All questions about the body art procedure have been answered to my satisfaction.

_____ I acknowledge that variations in color and design may exist between any tattoos as selected by me and as ultimately applied to my body.

_____ I acknowledge that tattooing is a permanent change to my appearance and that no representations have been made to me as to the ability to later change, alter or remove my tattoo. That tattoo removal can be costly and scar the area.

_____ I acknowledge that the obtaining of my tattoo is my choice alone and I consent to the application of the tattoo and to any actions or conduct of the associates, agents or representatives of Sydaeus Tattoo LLC that are reasonably necessary to perform the tattoo procedure.

_____ I acknowledge that tattoo inks, dyes and pigments have not been approved by the Federal Food and Drug Administration and the health consequences of using these products are unknown.

_____ I release all design and photographic ownership rights to Sydaeus Tattoo for publishing and advertisement purposes.

_____ I agree to follow all instructions concerning the care of my tattoo, and that any touch-ups needed because of my own negligence will be done at my own expense.

_____ I have been fully informed of the risks of getting a tattoo including but not limited to infection, scarring, difficulties in detecting melanoma, and allergic reactions to tattoo pigment, latex gloves, and antibiotics. Having been informed of the potential risks associated with getting a tattoo, I still wish to proceed with the tattoo application and I assume any and all risks that may arise from the procedure.

I _____ Agree to WAIVE AND RELEASE TO THE FULLEST EXTENT PERMITTED BY LAW each of Sydaeus Tattoo LLC and Raffle 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 Tattoo Studio, or otherwise

Signature

Date:

Procedure Description & location:

Date:

Sterilization lot number & expiration date of needles: