

RoseLady Tattoo Collective Procedure Consent & Release Form

3939 West Colfax Avenue, Denver, CO 80204 • (303) 620-0005

Please read all information below carefully before signing

I, client of RoseLady Tattoo Collective, hereby acknowledge that by signing this document:

- I understand that my procedure will be carried out under proper STERILE conditions, with materials and equipment specifically made for tattoos. I will be tattooed using appropriate techniques to ensure proper healing of my tattoos.
- I understand that all tattoos are a permanent marking and I am aware of the possible risks and dangers associated with each procedure.
 - I understand that tattoos and permanent cosmetics should be considered permanent and may only be removed with a surgical or laser procedure and that effective removal may leave scarring.
 - Complications can include pain, swelling, discomfort, and allergic reaction to materials used during the procedure. There are also possibilities of complications due to pre-existing medical conditions.

Please circle any of the following that may apply:

- Pregnant or breastfeeding
- Currently taking anti-coagulants or blood thinners that may interfere with blood clotting
- Any type of heart condition
- Diabetes
- Currently taking acne medication or completed treatment within last 6 months (Isotretinoin/Accutane)
- Sunburn or recent sun exposure
- Epilepsy, seizures, fainting, or narcolepsy
- Currently taking steroids or antibiotics
- Any skin diseases or skin lesions
- Communicable Diseases
- Allergies or adverse reactions to pigments, dyes, latex, soaps, disinfectants, metals, fragrances, or essential oils
- Any other info to aid your tattoo artist in your healing process:

I am at least 18 years of age or accompanied by a parent or legal guardian. I do not have a heart condition, hemophilia, or HIV. I have not had hepatitis in the last year. I am not pregnant or breastfeeding. I am not under the influence of drugs or alcohol. To the best of my knowledge I have no physical, mental, medical conditions or disabilities which may affect my well being as a direct, or indirect result of my decision to have a tattoo at this time. I agree to follow all instructions concerning the care of my tattoo while it is healing. I understand that failure to follow the aftercare instructions provided to me may result in adverse healing. RoseLady Tattoo Collective makes no warranties as to the meaning of any tattooed symbols or designs.

I, being of sound body and mind hereby release all persons representing RoseLady Tattoo Collective from all responsibility. I accept all responsibility for any consequences that may stem from my decision to have any procedure done at RoseLady Tattoo Collective. I agree for myself, my heirs, assigns, and legal representatives, to hold RoseLady Tattoo Collective and all representatives harmless from liability, damages, action, cause of action, claims, judgments, cost of litigation, attorney's fees, lawsuits, and demands, in law or equity, to the extent allowed by law and all other costs that may arise from my decision to have any body modification done at RoseLady Tattoo Collective. I certify that the below information is true and correct to the best of my knowledge. I have carefully read this consent and release form and by signing same, agree to its terms.

Print FULL Legal Name:	Age:	Date of Birth:
Street Address:	City & State:	Zip Code:
Telephone Number:	Email Address:	Artist:
Signature:	Date:	Referred By:

Copy of I.D. is required on the back of this form

*Parent or guardian information, consent, and legal documentation required on separate form if client is under 18 years of age.