

Personal Information

Full name: _____ . Age & Birthdate: _____ .
Phone #: _____ . Email: _____ .
ID Number (Healthcard, driver..etc): _____ .
Address: _____ .

Health Risk Assessment for Covid 19 (revision 2020)

Do you or does anyone in your household present with symptoms of any illness including; cough, fever, shortness of breath, runny nose, sore throat, nasal congestion, unexplained aches, vomiting, diarrhea, loss of smell or taste? If yes please reschedule your appointment, deposits will not be lost.

Travel Contact

Have you travelled internationally or provincially (meaning out of province) in the last two weeks? If yes please reschedule your appointment, deposits will not be lost. If someone in your household travels as well we ask again you reschedule your appointment .

I have read the above information and I understand and agree that the information I have provided above is accurate and realize that some of the conditions are subject to change based on the Saskatchewan Health guidelines.

Yes or No

Do you have HIV, AIDS, Hepatitis (any strain) or any blood-borne illness?	
Have you been tested for any of the above? Include when you were last tested.	
Are you Pregnant? If yes you cannot receive a tattoo or piercing.	
Do you have high blood pressure, diabetes, bleeding disorders, heart problems, cold/flu...etc?	
Are you on any medication? If yes please list which one(s) or what its is for.	

Do you have any allergies? If yes please list that they are.	
What is your Occupation? (School/Job)	
Have you eaten in the past 2 hours?	
Is this your first tattoo?	
Are you afraid of needles and/or blood?	
Have you fainted before? If yes, what from?	

*****IMPORTANT READ AND BE CERTAIN TO UNDERSTAND THE IMPLICATION OF SIGNING*****

*****INITIAL EACH PROVISION ON THE LINES PROVIDED AFTER READING TO SHOW THAT YOU UNDERSTAND EACH PROVISION*****

TO: TANTRIX BODY ART INC. including it's agents, employees, officers, directors, shareholders affiliates, successors, and assigns ("Tantrix")

AND TO:(the "Artist or Piercer"); in consideration of receiving a service from the piercer or artist at Tantrix Body Art located 2A 511 1st ave N, Saskatoon, Sk, I agree to the following:

I, _____ (CLEARLY PRINT Your Full Name) Have been fully informed of the inherent risks, associated with getting a service I fully understand the risks, known and unknown can lead to injury, included but not limited to infection, scarring, difficulties in detecting melanoma and allergic reaction(s) from tattoo ink pigment, latex gloves, and/or soap. Having been informed of the potential risks associated with getting a service, I still wish to proceed with receiving the tattoo and freely accept and expressly assume any and all risks that may arise from receiving a service.

_____, I Understand that the Artist or Piercer is self-employed and not an employee of Tantrix and I agree not to bring any action against Tantrix and not to hold Tantrix liable for any personal injury or any claim whatsoever resulting from obtaining a service at Tantrix Body Art.

_____, I have been given full opportunity to ask any and all questions about the application of my tattoo or piercing and all questions have been answered to me total satisfaction.

_____, The Artist or piercer has given me instructions on the care of my tattoo or piercing while it is healing, and I understand those instructions and agree to follow them. I acknowledge that it is possible that the tattoo or piercing can become infected, particularly if I do not follow the instructions given to me. If any touch-up work to the tattoo is needed due to my own negligence, I agree that the work will be done at my own expense.

_____, I am not under the influence of alcohol or drugs, and I voluntarily submitting to receive a service by the Artist or piercer without duress or coercion.

_____, I release all rights to any photographs taken of me and the tattoo or piercing and give consent in advance to their reproduction in print or electronic form. (If you do not initial this provision, please advise and remind the Artist, piercer and Tantrix NOT take any pictures of you and your completed tattoo.)

_____, I do not have diabetes, epilepsy, hemophilia, a heart condition nor do I take blood thinning medication. I do not have any other medical or skin condition that may interfere with the application or healing of the tattoo or piercing. I am not a recipient of an organ or bone marrow transplant or; if I am, I have taken the prescribed preventive regimen of anti-biotic that is required by my doctor in advance or any in advance of any invasive procedure such as tattoo or piercing. I am nor pregnant or nursing. I do not have a mental impairment that may affect my judgements in getting the tattoo or piercing. **If I have diabetes, epilepsy, hepatitis, hemophilia, HIV-AIDS, or any other communicable disease, heart condition or take any medication which thins the blood I have advised my Artist or Piercer.**

_____, I do not have a medical or skin condition(s) such as but not limited to; acne, scarring (keloid), eczema, psoriasis, freckles, moles, or sunburn in the area to be pierced that may interfere with said tattoo or piercing. If I have any type of infection or rash anywhere on my body, I will advise my Artist or Piercer.

_____, I understand that variations in colour and design may exist between the tattoo art I have selected and the actual tattoo will fade due to unprotected exposure to the sun and naturally occurring dispersion of pigment under the skin.

_____, I acknowledge it is not reasonably possible for the Artist to determine whether I might have an allergic reaction to the pigments or process used in my tattoo any reaction products such as soap, vaseline, latex or similar products used during this process or aftercare, and I agree to accept the risk that such reaction is possible.

_____, I have seen the picture or artwork and the stencil that the artist will place on my body and acknowledge that any spelling, dates and the picture are to my satisfaction. I take full responsibility for any miscommunication on spelling errors or date errors.

_____, I realize that variations in colour and design may exist between any tattoo(s) as by selected by me and as ultimately applied to my body. I understand that is my skin colour is a dark pigment, the colours will not appear as bright as they do on skin that is light pigment.

_____, I realize if I have any skin treatments such as laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes in my tattoo or piercing.

_____, I acknowledge that a tattoo is a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove my tattoo.

_____, I agree to reimburse the Artist and Tantrix for any lawyer fees and costs incurred in any legal action I bring against either the Artist and/or Tantrix and in which the Artist and Tantrix is the prevailing party. I agree that the courts of the province of Saskatchewan shall have exclusive jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigating any dispute arising out of or related to this document. The laws of the Province of Saskatchewan shall apply to the interpretation of this document.

_____, I acknowledge that I have been given adequate opportunity to read and understand this document, that is was not presented to me last minute. I understand that I am signing a legal contract waiving certain rights to recover against the Artist, Piercer and Tantrix.

_____, I acknowledge I am over the age of SIXTEEN and that I have truthfully represented to my Piercer that the obtaining of this Piercing is my choice alone. I consent to the application of the Piercing and to any actions or conduct of the representatives and staff of Tantrix reasonably necessary to perform the Piercing. If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

_____, I acknowledge I am over the age of EIGHTEEN and that I have truthfully represented to my Artist that the obtaining of this tattoo is my choice alone. I consent to the application of the tattoo and to any actions or conduct of the representatives and staff of Tantrix reasonably necessary to perform the tattoo. If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

_____, I hereby **WAIVE AND RELEASE** to the fullest extent permitted by law each of the artist, piercer and Tantrix from all liability, damages, costs, and expenses 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, arising from or connected in any way with my tattoo or the application of my tattoo, whether caused by the negligence or fault of either the Artist, piercer or Tantrix, or otherwise.

I HAVE READ THIS DOCUMENT AND I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

DATED at the City of Saskatoon, Saskatchewan, on the ____ day of _____, 20____.

Signature
Name(Print): _____

Witness Signature
Name(Print) _____

SCAN ID DOCUMENT(S) BELOW