

## Declaration of Agreement

First Name / Last Name \_\_\_\_\_

Street / Number \_\_\_\_\_

Area Code / City \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

**I agree that my body will get tattooed.**

Body Area: \_\_\_\_\_ Tattoo-Price: \_\_\_\_\_

**I also confirm that I am not under the influence of alcohol, drugs or medicine at this time.**

	Yes	No
I am physically healthy	<input type="radio"/>	<input type="radio"/>
I am hemophiliac	<input type="radio"/>	<input type="radio"/>
I am diabetic	<input type="radio"/>	<input type="radio"/>
I am chronically ill (e.g. hepatitis, HIV positive, cancer, leukemia)	<input type="radio"/>	<input type="radio"/>
I suffer from a skin disease (if so, which diseases)	<input type="radio"/>	<input type="radio"/>
I suffer from an immune system disorder	<input type="radio"/>	<input type="radio"/>
I have an allergy (if so, which allergies)	<input type="radio"/>	<input type="radio"/>
I suffer from epilepsy	<input type="radio"/>	<input type="radio"/>
I have circulation problems	<input type="radio"/>	<input type="radio"/>
I am an artificial hemophiliac (Marcumar patient)	<input type="radio"/>	<input type="radio"/>
I am pregnant	<input type="radio"/>	<input type="radio"/>
I am breastfeeding	<input type="radio"/>	<input type="radio"/>

The above information is subject to data protection and will be kept strictly confidential.

The tattoo, its procedure and required care afterwards were explained to me, together with possible complications arising as a result. I have received, read and understood the information leaflet about how to look after the tattoo. I also confirm that if possible complications arise I will not assert any claim for compensation of any kind against the studio or the person who did my tattoo. I also confirm with my signature that I wish to get tattooed on the given body area of my own free will.

- I agree to the privacy policy.
- Yes, I would like to receive regularly news and offers in the newsletter.

My E-Mail Address: \_\_\_\_\_

\_\_\_\_\_  
Place, Date\_\_\_\_\_  
Signature

By subscribing to the newsletter, you agree that the e-mail address you provide will be electronically recorded and stored. It is used exclusively for sending our newsletter. Your consent can be revoked at any time, e.g. by unsubscribing with the designated unsubscribe link in the newsletter.

**To be filled out by the studio:**

Charge-Nr. / Datum : \_\_\_\_\_

Tätowierer/-in + Artikel-Nr.: \_\_\_\_\_