

# mindsett Tattoo Ink Ingredients

**Client's Full Name:** \_\_\_\_\_

**Tattooist's Full Name:** \_\_\_\_\_

Client, please mark  where necessary.

**ATTENTION:** Are you allergic to any of the ingredients stated below?

- Non-Toxic Pigments  Yes  No
- Distilled water  Yes  No
- Alcohol  Yes  No
- Witch Hazel  Yes  No
- Glycol  Yes  No
- Isopropyl  Yes  No
- Proprietary.  Yes  No



## Disclaimer

'Fusion' Inks - User/Client assumes all responsibility for this product. As with any product, allergic reactions can occur. Product contains organic, non-toxic Pigments. Some individuals may still have allergic reactions.

'Alla Prima' Inks - This Product is Pure Pigment. Application on certain individuals may cause allergic reactions. Alla Prima disclaims any responsibility for allergic reactions of certain individuals to whom this Pigment is applied. Spot testing or consultation with a dermatologist prior to application is urged.

All Ink Pigments have date expiry., NO Ink Pigments will Ever be used past expiry date.

Tattoo Inks are purchased from 'Protat Tattoo Supplies Australia' by 'Mindsett' Body Artistry.

'Mindsett' Body Artistry - disclaims any responsibility that may result from any tattoo procedure carried out by 'KorZ Tattz' as it is your duty of care to read and acknowledge the information stated above prior to making any form of payment and having a tattoo procedure carried out. KorZ Tattz also insists like 'Alla Prima' that you consider visiting your Health Care Professional (Doctor)/Dermatologist for a Spot Test or consultation prior to making a visit to determine whether your skin will accept or reject any of the Pigments used in house.

NOTE: By finalising your order with Mindsett 'TATTOO', any of the products we offer for tattooing procedures you accept and acknowledge all information stated above and take full responsibility for any negative effects that may occur if you have an allergic reaction to any of the pigments used in house.

Now that you have read the above information do you agree and wish to pursue with the tattoo procedure?

Yes  No

**Client Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Section: If Under 18 years of Age Only.

**Parent, please write in your own words the consent you give Mindsett Tattoo Studio:**

**Parent/Gaurdian Name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# mindsett Tattoo REGISTER Form

**Client's Full Name:** \_\_\_\_\_

**Tattooist's Full Name:** \_\_\_\_\_

Client, please mark  where necessary.

What is the Tattoo Design: \_\_\_\_\_

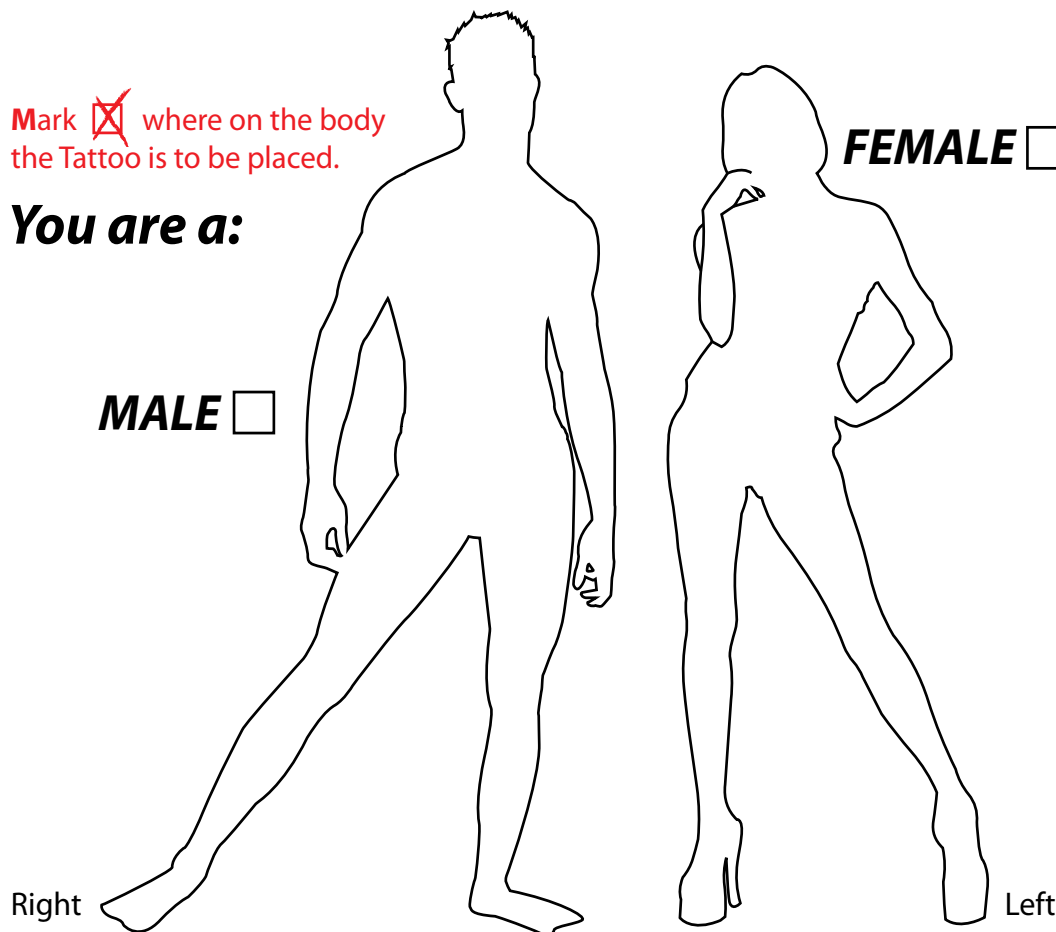
Is the Artwork/s Look, Appearance Size and Colour/s Correct?  Yes  No

Mark  where on the body the Tattoo is to be placed.

**You are a:**

**MALE**

**FEMALE**



## AFTERCARE CREAM

Were you given your Protat Aftercare Cream & Explained on Proper Aftercare Instructions?

Yes  No

Please write a brief Description of where you wish to have tattoo positioned:  
\_\_\_\_\_

Do you take all responsibility for the Tattoo procedure and all aftercare:  Yes  No

Was the Tattoo Stencil placed in Correct Position?  Yes  No

Was the Tattoo Correctly Applied?  Yes  No

Are you satisfied with the result of your Tattoo?  Yes  No

**Client Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Section: If Under 18 years of Age Only.

**Parent, please write in your own words the consent you give Mindsett Tattoo Studio:**

**Parent/Gaurdian Name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## TATTOO RELEASE FORM

**TO INDUCE** \_\_\_\_\_ to tattoo my \_\_\_\_\_, and in consideration of his/her doing so, I hereby release the tattoo/piercing studio, and its employees and agents, from all manner of liabilities, claims, actions and demands, in law or in equity, which I or my heirs have or might have now or hereafter by reason of complying with my request to be tattooed.

**I FULLY UNDERSTAND THAT ANY EMPLOYEE** or agent of this studio when performing a tattoo does not act in the capacity of a medical professional. The suggestions made by any employee or agent of the shop are just suggestions. They are not to be construed or substituted for advice from a medical professional.

**I UNDERSTAND I WILL BE TATTOOED** using appropriate instruments and techniques. To ensure proper healing of my tattoo, I agree to follow the aftercare suggestions outlined in the written tattoo aftercare instructions provided to me until healing is complete. I understand that a tattoo usually takes 2 weeks or longer to heal

**I WILLINGLY SUBMIT TO THESE PROCEDURES**, with a full understanding of possible complications such as, but not limited to, infection, allergic reaction or rejection of the ink. Neither the Artist nor the Tattoo studio is responsible for the meaning or spelling of the symbol that I have provided to them or chosen from the flash (design) sheets.

**I HAVE RECEIVED A COPY OF THE WRITTEN TATTOO AFTERCARE INSTRUCTIONS**, which I have read and fully understand and hereby assume full responsibility for aftercare and cleanliness. I understand that by having this tattoo performed that I am making a permanent change to my body and no claims have been made regarding the ability to undo the changes made. I have signed this release on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_ am / pm.

**I AM 18 YEARS OF AGE OR OLDER.**

### PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE MAY BETTER SERVE YOU

Have you eaten within the last 4 hours?	YES	NO
Have you had any alcoholic beverages in the last 8 hours?	YES	NO
Are you prone to fainting?	YES	NO
Are you prone to heavy bleeding?	YES	NO
Do you have to take antibiotics before seeing the dentist?	YES	NO
Have you taken aspirin, ibuprofen, or blood thinners in the last 24 hours?	YES	NO
Do you have a latex allergy?	YES	NO
Do you have any other allergies? If yes, what _____	YES	NO
Are you pregnant or breastfeeding?	YES	NO
Do you have any other conditions which might affect the healing of this tattoo?	YES	NO
How did you hear about us? _____		

### PLEASE PRINT THE FOLLOWING INFORMATION

I release all rights to any photographs taken of me and the tattoo and give consent in advance to the reproduction in print or electronic form.

Signature _____	Date _____	YES	NO
Name _____	Telephone _____		
Street Address _____	E-Mail _____		
City _____	State _____	ZIP _____	

Photo ID Type _____	ID # _____	D.O.B. _____
Name as Shown on ID _____	Artist _____	
Tattoo Description _____	Location _____	
Reaction _____		
TIME IN _____ AM PM	TIME OUT _____ AM PM	

*I acknowledge that the sterilization method used was explained to my full satisfaction. I had the opportunity to ask questions regarding this procedure. All questions were answered to my satisfaction. All equipment during the procedure was opened in front of me. I witnessed the disposal of the tattoo needle(s) into regulated sharps container. Both written and verbal aftercare instructions were provided to me.*

ARTIST'S INITIALS \_\_\_\_\_ CLIENT'S INITIALS \_\_\_\_\_