VELVET GRAVE TATTOO STUDIO

TATTOO CONSENT, ACKNOWLEDGMENT, AND LIABILITY WAIVER

Owner/Operator: Katlyn Stanley

Client Name: _____

Date of Birth: _____

Date: _____

Tattoo Description/Location: _____

_____

CONSENT TO TATTOO

I voluntarily request and consent to receive a tattoo from Katlyn Stanley / Piper.

Client Initials: _____

ACKNOWLEDGMENT OF NON-PROFESSIONAL STATUS

I understand that the individual performing this tattoo is not a licensed or professional tattoo artist.

Client Initials: _____

VOLUNTARY CONSENT

I am choosing to receive this tattoo voluntarily and at my own risk.

Client Initials: _____

ASSUMPTION OF RISKS

I understand that tattooing involves risks including pain and discomfort, bleeding, infection, allergic reactions, scarring, skin irritation, unsatisfactory results, fading, blurring or distortion over time, and the possible need for future touch-ups or removal.

Client Initials: _____

NO GUARANTEES

I understand that no guarantees or warranties have been made regarding the appearance, quality, outcome, healing process, or longevity of the tattoo.

Client Initials: _____

AGE VERIFICATION

I certify that I am at least 18 years of age and legally able to consent to receiving a tattoo.

Client Initials: _____

DRUGS AND ALCOHOL

I certify that I am not under the influence of drugs or alcohol and am making this decision voluntarily.

Client Initials: _____

VELVET GRAVE TATTOO STUDIO

TATTOO CONSENT, ACKNOWLEDGMENT, AND LIABILITY WAIVER - PAGE 2

OWNER/OPERATOR: KATLYN STANLEY

MEDICAL DISCLOSURE

I UNDERSTAND THAT CERTAIN MEDICAL CONDITIONS MAY INCREASE RISKS ASSOCIATED WITH TATTOOING. I HAVE DISCLOSED KNOWN MEDICAL CONDITIONS, ALLERGIES, SKIN CONDITIONS, BLOOD DISORDERS, IMMUNE DISORDERS, OR MEDICATIONS THAT MAY AFFECT HEALING.

CLIENT INITIALS: _____

AFTERCARE ACKNOWLEDGMENT

I ACKNOWLEDGE THAT I HAVE RECEIVED AND UNDERSTAND THE WRITTEN TATTOO AFTERCARE INSTRUCTIONS AND UNDERSTAND THAT MY ACTIONS AFTER THE PROCEDURE CAN AFFECT HEALING.

CLIENT INITIALS: _____

FINAL ACKNOWLEDGMENT

I HAVE READ THIS FORM, HAD AN OPPORTUNITY TO ASK QUESTIONS, AND VOLUNTARILY CONSENT TO THE TATTOO. THIS FORM DOCUMENTS INFORMED CONSENT AND RISK ACKNOWLEDGMENT AND IS NOT INTENDED TO WAIVE RIGHTS THAT CANNOT LEGALLY BE WAIVED.

CLIENT INITIALS: _____

CLIENT SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

TATTOOIST SIGNATURE: _____

TATTOOIST PRINTED NAME: KATLYN STANLEY (PIPER)

DATE: _____

VELVET GRAVE TATTOO STUDIO

PHOTO RELEASE - OPTIONAL

Owner/Operator: Katlyn Stanley

Client Name: _____

Date: _____

Tattoo Description/Placement: _____

Choose one:

☐ Yes - I authorize Velvet Grave Tattoo Studio to photograph my completed tattoo and use the images for portfolio, educational, website, social-media, promotional, and advertising purposes.

☐ No - I do not authorize promotional use of my tattoo photographs.

Any limits on use: _____

_____

Client Initials: _____

Client Signature: _____

Date: _____

Velvet Grave Tattoo Studio

Tattoo Aftercare Instructions & Acknowledgment

Owner/Operator: Katlyn Stanley

- Wash hands before touching the tattoo.
- Remove the initial bandage according to the instructions provided for the product used.
- Wash gently with mild soap and clean running water; do not aggressively scrub.
- Pat dry with a clean disposable paper towel or allow to air dry.
- Apply only the recommended aftercare product and amount.
- Do not scratch, pick, peel, or intentionally remove scabs or flaking skin.
- Avoid soaking in baths, pools, hot tubs, lakes, and other shared water while healing.
- Avoid unnecessary friction, dirty environments, and tight clothing that repeatedly rubs the tattoo.
- Protect the healing tattoo from direct sun exposure. After healing, use sun protection to help limit fading.
- Seek medical advice for severe, worsening, spreading, or otherwise concerning symptoms.

By signing below, I acknowledge that I received the written aftercare instructions and understand that proper aftercare is my responsibility.

Client Name: _____

Client Initials: _____

Client Signature: _____

Date: _____

Velvet Grave Tattoo Studio

$100 Deposit / Cancellation Acknowledgment

Owner/Operator: Katlyn Stanley

A $100 deposit is required to reserve every tattoo appointment. The deposit is applied toward the scheduled tattoo service and is nonrefundable unless otherwise stated in writing. With at least 48 hours' notice, the deposit may be transferred one time to a rescheduled appointment at the business's discretion. Late cancellations, no-shows, or repeated rescheduling may result in forfeiture of the deposit and a new $100 deposit being required.

Client Name: _____

Appointment Date: _____

Deposit Amount: _____

Client Signature: _____

Date: _____

Velvet Grave Tattoo Studio

Tattoo Procedure Acknowledgment

Owner/Operator: Katlyn Stanley

Client Information

Client Full Legal Name: _____

Date of Birth: _____ Age: _____

Phone Number: _____

Date of Tattoo: _____ Appointment Time: _____

Tattoo Description: _____

Tattoo Placement: _____

Client Acknowledgment

By signing below, I acknowledge and confirm the following regarding my tattoo procedure at Velvet Grave Tattoo Studio:

☐ I voluntarily requested the tattoo procedure.

☐ I reviewed and approved the final tattoo design before tattooing began.

☐ I approved the tattoo's size, placement, orientation, and positioning.

☐ I verified any names, words, dates, numbers, symbols, or spelling included in my design.

☐ I had an opportunity to ask questions before the tattoo procedure.

☐ I completed the required consent and medical-history documentation truthfully to the best of my knowledge.

☐ I informed the tattooist of relevant allergies, sensitivities, medications, skin concerns, or health information requested by the studio.

☐ I understand that tattooing intentionally breaks the skin and that tattoos are intended to be permanent.

☐ I understand that individual healing and pigment retention vary and that an exact cosmetic result cannot be guaranteed.

Procedure & Safety Acknowledgment

☐ I understand that sterile/single-use tattoo needle cartridges are used as applicable and are discarded after use.

VELVET GRAVE TATTOO STUDIO

TATTOO PROCEDURE ACKNOWLEDGMENT - PAGE 2

OWNER/OPERATOR: KATLYN STANLEY

☐ I UNDERSTAND THAT USED SHARPS ARE PLACED INTO A DESIGNATED SHARPS CONTAINER.

☐ I UNDERSTAND THAT DISPOSABLE BARRIERS AND APPLICABLE SINGLE-USE SUPPLIES ARE REPLACED BETWEEN CLIENTS.

☐ I UNDERSTAND THAT INFECTION-CONTROL PRACTICES REDUCE RISK BUT CANNOT ELIMINATE EVERY POSSIBLE RISK ASSOCIATED WITH TATTOOING.

☐ I AGREED TO IMMEDIATELY TELL THE TATTOOIST IF I FELT FAINT, ILL, UNUSUALLY UNCOMFORTABLE, OR WANTED THE PROCEDURE STOPPED.

TATTOOIST EXPERIENCE ACKNOWLEDGMENT

I UNDERSTAND THAT KATLYN STANLEY IS CONTINUING TO DEVELOP HER TATTOOING EXPERIENCE AND PORTFOLIO AND DOES NOT REPRESENT HERSELF AS A MASTER OR HIGHLY EXPERIENCED TATTOO PROFESSIONAL.

☐ I HAD THE OPPORTUNITY TO REVIEW AVAILABLE EXAMPLES OF THE TATTOOISTS WORK.

☐ I HAD THE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TATTOOISTS EXPERIENCE.

☐ I VOLUNTARILY CHOSE TO PROCEED WITH MY TATTOO WITH THIS UNDERSTANDING.

AFTERCARE ACKNOWLEDGMENT

☐ I RECEIVED WRITTEN TATTOO AFTERCARE INSTRUCTIONS.

☐ THE AFTERCARE INSTRUCTIONS WERE EXPLAINED TO ME OR I WAS GIVEN AN OPPORTUNITY TO ASK QUESTIONS.

☐ I UNDERSTAND THAT PROPER AFTERCARE IS MY RESPONSIBILITY.

☐ I UNDERSTAND THAT IMPROPER AFTERCARE MAY CONTRIBUTE TO IRRITATION, INFECTION, PIGMENT LOSS, SCARRING, OR AN UNSATISFACTORY HEALED APPEARANCE.

☐ I UNDERSTAND THAT VELVET GRAVE TATTOO STUDIO DOES NOT DIAGNOSE OR TREAT INFECTIONS, ALLERGIC REACTIONS, OR OTHER MEDICAL CONDITIONS.

☐ I UNDERSTAND THAT I SHOULD SEEK APPROPRIATE MEDICAL CARE FOR SEVERE, WORSENING, OR CONCERNING SYMPTOMS.

TOUCH-UP ACKNOWLEDGMENT

☐ I UNDERSTAND THAT SOME TATTOOS MAY REQUIRE MINOR TOUCH-UP WORK AFTER COMPLETE HEALING.

☐ I UNDERSTAND THAT TOUCH-UPS ARE GOVERNED BY VELVET GRAVE TATTOO STUDIO'S CURRENT TOUCH-UP POLICY.

☐ I UNDERSTAND THAT DESIGN CHANGES, ADDITIONS, EXTENSIONS, OR DAMAGE ASSOCIATED WITH IMPROPER AFTERCARE MAY BE CONSIDERED ADDITIONAL TATTOO WORK AND MAY INVOLVE ADDITIONAL CHARGES.

VELVET GRAVE TATTOO STUDIO

TATTOO PROCEDURE ACKNOWLEDGMENT - PAGE 3

OWNER/OPERATOR: KATLYN STANLEY

FINAL CLIENT CONFIRMATION

I ACKNOWLEDGE THAT I RECEIVED THE TATTOO DESCRIBED ABOVE AND HAD THE OPPORTUNITY TO RAISE QUESTIONS OR CONCERNS. I UNDERSTAND THE PERMANENT NATURE OF TATTOOING, THE IMPORTANCE OF AFTERCARE, AND THE INFORMATION PROVIDED TO ME BY VELVET GRAVE TATTOO STUDIO.

THIS ACKNOWLEDGMENT SUPPLEMENTS, AND DOES NOT REPLACE, THE TATTOO INFORMED CONSENT & RELEASE FORM AND OTHER APPLICABLE CLIENT RECORDS.

CLIENT PRINTED NAME: _____

CLIENT SIGNATURE: _____

DATE: _____ **TIME:** _____

TATTOOIST CONFIRMATION

☐ TATTOO PROCEDURE COMPLETED.

☐ AFTERCARE INSTRUCTIONS PROVIDED.

☐ AFTERCARE QUESTIONS ADDRESSED.

☐ FINAL DRESSING/COVERING APPLIED, IF APPLICABLE.

☐ PROCEDURE RECORD COMPLETED.

☐ NO INCIDENT OCCURRED REQUIRING A SEPARATE REPORT.

☐ SEPARATE INCIDENT/EXPOSURE DOCUMENTATION COMPLETED, IF APPLICABLE.

TATTOOIST: KATLYN STANLEY

TATTOOIST SIGNATURE: _____

DATE: _____ **TIME:** _____

NOTES: _____

_____

_____