

TATTOO AFTERCARE INSTRUCTIONS

please **initial**:

_____ Treat your new tattoo as you would an open wound. Keep it clean. Only touch healing tattoos with clean hands. Before touching or cleaning the tattooed area, wash hands thoroughly with antibacterial soap and water.

_____ 30minutes-1hour after your tattoo carefully remove the bandage. If the bandage sticks, wet the bandage to remove it. Do not rip it off. As soon as you remove the dressing, wash the tattoo thoroughly but gently with warm water and antibacterial soap. Air dry. With cleaned hands apply a very thin (not shiny, not sticky-only what absorbs into the skin) layer of ointment to the tattoo. Neosporin and Bacitracin are recommended, but please take care to only use products you know you have no adverse reactions to. Occasionally using Bacitracin and other similar ointments is too harsh for an individual. If you are someone more sensitive to these products consider Aquaphor or A+D ointment along with a soap for sensitive skin, and/or consult with your physician.

_____ Repeat cleansing 2-4 times per day and application of the ointment 1-2 times per day for 4-7 days. After 4-7 days, switch from ointment to unscented fragrance-free body moisturizer.

_____ Avoid sunburn, swimming, hot tubs, saunas, and steam baths while tattoo is healing. Itching and peeling are expected, but do not scratch or pick at the tattoo. Do not let your tattoo come in contact with surfaces likely to be dirty (gym equipment, desks, keyboards, etc). If you sweat make sure to clean your tattoo thoroughly and immediately after.

_____ The approximate healing time for tattoos is 2-4 weeks. Human bodies are highly individual and healing times can vary. Your tattoo should not hurt much worse than a sunburn, or behave differently than a scrape. If your tattoo causes more pain or discomfort than a sunburn or scrape, please contact your doctor immediately.

_____ If you are not sure about the way your tattoo is healing, give me a call and let me evaluate your tattoo's progress. Sometimes even a well cared for tattoo may need a small touch-up. Touch-ups may be needed for an area that did not heal well or needs a little more color added. The tattoo will need at least 4 weeks to heal prior to any touch-ups. Please contact me within 4 weeks of getting your tattoo if you think you need a touch up.

_____ Healing and caring for your new tattoo is YOUR (the client's) responsibility.

_____ **Consult your healthcare provider for:**

Unexpected redness, tenderness or swelling

Rash

Unexpected drainage

Fever within the first 24-72 hours of the procedure

I have read and understand TATTOO AFTERCARE INSTRUCTIONS

BODY ART DISCLOSURE FORM

please **initial**:

_____ Tattoos should be considered permanent; and the removal of tattoos may require surgery or other medical procedures.

_____ As with any invasive procedure, tattooing may involve possible health risks. These risks may include but are not limited to:
possible pain, swelling, nerve damage
possible hypertrophic scarring and/or keloid formation
possible adverse and/or allergic reaction to ink/dye/pigment, soaps, ointments
possible change in color of ink/dye/pigment over time
possible decreased ability of physician to locate skin cancers in areas concealed by tattoos
possible febrile illness, systemic infection and/or localized infection
possible tetanus

_____ Unsterile equipment and needles can spread infectious diseases; it is extremely important to be sure that all equipment is clean and sanitary before use. I am being given the opportunity to ask about, and request to witness all cleaning, set up and clean up before and after my tattoo.

_____ The inks, or dyes, used for tattoos are color additives. Currently no color additives have been approved by FDA for tattoos, including those used in permanent makeup.

The inks and dyes used at Five Sirens come from reputable distributors. If I have a concern about ingredients or allergies, I have the option to postpone my tattoo in order to research the ingredients and to consult with my physician.

I have the option to postpone my tattoo in order to complete a spot test offered at Five Sirens.

Please choose and initial one:

_____ A: A small amount of ink, ointment, soap, or anything else used during the tattoo that may be of concern is placed on the surface of the skin and allowed to sit for at least 24 hours to evaluate potential for a reaction.

_____ B: A small dot of ink is tattooed into the skin and allowed to heal for a minimum of 4 weeks to evaluate the potential for a reaction.

_____ C: I, (name) _____ do NOT wish to do a spot test or postpone my tattoo

Please note a spot test is not considered %100 reliable and there is always possibility of allergic reaction to any substance. Reds and inks containing red pigment (pinks, oranges, purples, etc) are the most common inks to have reported reactions.

_____ If I have any history of tattoo related allergic reactions, infections, or scarring it is NOT advisable to have a tattoo procedure.

_____ Blood donations cannot be made for a year after getting a tattoo or permanent makeup

_____ Pregnant and breast feeding women are advised NOT to have a tattoo procedure

_____ The Body Art Practitioner should
Properly and thoroughly cleanse the area before the procedure
Use sterilized equipment
Use sterile techniques
Provide information on the aftercare of the area receiving body art

_____ **HEALTH HISTORY AND INFORMED CONSENT**

The following conditions may increase health risks associated with receiving body art:

- (a) diabetes;
- (b) hemophilia (bleeding);
- (c) skin diseases, lesions, or skin sensitivities to soaps, disinfectants etc.;
- (d) history of allergies or adverse reactions to pigments, dyes, or other sensitivities;
- (e) history of epilepsy, seizures, fainting, or narcolepsy;
- (f) use of medications such as anticoagulants, (such as Coumadin) which thin the blood and/or interfere with blood clotting
- (g) hepatitis or HIV infection

_____ Complaints may be filed with:
Dover Board of Health
262 6th Street, Dover, NH 03820
603 516-6038

I have read and understand BODY ART DISCLOSURE FORM

CONSENT TO APPLICATION OF BODY ART PROCEDURE RELEASE AND WAIVER OF CLAIM

Lauren Rose (Five Sirens LLC)

Name _____ Date of Birth _____
Address _____ City/State/Zip _____
Phone # _____ Email _____
Description of tattoo _____
Location of tattoo _____

Please **initial** each item:

- _____ I have been given the opportunity to ask any and all questions I may have about obtaining a tattoo from Lauren Sleeper. My questions have been answered to my full and total satisfaction.
- _____ I have had a complete and satisfactory pre-procedural consultation prior to any body art procedure and the health risks associated with it.
- _____ I have received and read written TATTOO AFTERCARE INSTRUCTIONS and a BODY ART DISCLOSURE FORM. I acknowledge the necessity for following these instructions.
- _____ Obtaining a body art procedure is my choice. I consent to the application of a tattoo.
- _____ I understand that a tattoo is a permanent change and no representation has been made on the ability to later change or remove the tattoo.
- _____ I hereby take all responsibility for wording, punctuation, spelling, numbers, and correctness of names and dates in my tattoo. _____ I acknowledge that tattoos are performed by a human and therefore may have imperfections. It is my responsibility to stay still throughout the procedure to help minimize the risk of error.
- _____ I acknowledge that marks may blur, particularly in areas with high movement, scars, or stretch marks.
- _____ I understand my tattoo artist may end this procedure before my tattoo is complete if she feels I am in distress or unable to remain still. This is for my safety and hers.
- _____ I acknowledge that variations between the design and colors I selected and the tattoo as ultimately applied to my body may exist. _____ I acknowledge that infection and/or adverse reactions are possible, particularly in the event that I do not properly care for my tattoo.
- _____ I acknowledge that allergic reactions are a possibility and I consent to this risk.
- _____ I am not under the influence of drugs or alcohol
- _____ I am not pregnant or breast feeding
- _____ I have no history of skin disease, lesions, or sensitivities to soaps or disinfectants.
- _____ I have no history of allergies or adverse reactions to pigments, dyes, latex, nitrile, or other sensitivities.
- _____ I have no history of epilepsy, seizures, narcolepsy, or fainting.
- _____ I am not using medications such as anticoagulants which thin the blood or interfere with clotting.
- _____ I am free of communicable diseases such as HIV/AIDS and Hepatitis.
- _____ I have no history of hemophilia.
- _____ I have consulted with a physician about any concerns prior to receiving a tattoo.
- _____ I hereby witness that all tattoo equipment (needles, tubes, inks, etc) are new and/or sterile.
- _____ I have truthfully represented that I am at least 18 years old.
- _____ I give my artist permission to publish any and all photos/videos of my tattoo.

By signing this form I agree to release and forever discharge and hold harmless Five Sirens LLC, Lauren Rose, and owners, agents, independent contractors, and employees from any and all claims, damages, or legal actions arising from or connected in any way with this body art procedure. I confirm that I do not have a condition which will prevent me from receiving body art, and that I consent to the body art procedure. I am aware of the risks and have been given TATTOO AFTERCARE INSTRUCTIONS and a BODY ART DISCLOSURE FORM.

CLIENT SIGNATURE _____ PRINTED NAME _____ DATE _____

ARTIST SIGNATURE _____

ID on file for 2022 _____ ID copied on back of form _____ Payment Received today _____ cash _____ cc _____

COVID-19 Liability Waiver

Name _____ Date _____

by initialing each of the following I understand and agree to these statements.

_____ I have been advised to speak with my physician about the risk of getting a tattoo during a pandemic. In addition to the normal risks associated with a tattoo, which is an open wound, a new tattoo might make me more susceptible to viral infections. Having my body work to heal an open wound might make me less able to fight a virus, and having a virus might make my body less able to heal an open wound. I am fully responsible for my own safety and actions and I may be at risk of contracting or of complications related to COVID-19.

_____ I have been advised consult my physician if I have any concerns during the healing process.

_____ To prevent the spread of contagious viruses and to help protect each other, I understand and agree to follow the tattoo shops strict guidelines. I have been provided with and read thoroughly updated shop guidelines which are available at www.five-sirens.com.

_____ I understand that close contact significantly increases my risk of contracting and transmitting the COVID-19 virus. I know that the CDC and OSHA recommend social distancing of at least 6 feet.

_____ I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of tattoo services, that I have elevated the risk of contracting and/or spreading COVID-19 by merely being in the tattoo shop, the building, or utilizing the restrooms.

_____ The restrooms are maintained and cleaned by the building. Five Sirens LLC and GormanART LLC are not responsible for the frequency and effectiveness of this cleaning and maintenance. I understand that many businesses and patrons use the facilities of the building.

_____ I understand that having broken skin (a tattoo procedure) may increase my risk of contracting and/or spreading COVID-19.

_____ I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible for Five Sirens to determine who has it, and who does not.

_____ I, and members of my household, have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19.

_____ I, and members of my household, have not traveled domestically within the United States by commercial airline, bus or train or public transportation within the past 14 days.

_____ I, and members of my household, have not had any of the following symptoms of COVID-19 or a positive COVID-19 test within the past 30 days.

fever, fatigue, shortness of breath, difficulty breathing, dry cough, loss of taste or smell, diarrhea

_____ I, and members of my household, have not been in contact with (within 6 feet of) anyone known to have COVID-19 or displaying symptoms of within the past 30 days.

_____ I agree to cancel or postpone my appointment if I, or members of my household, are feeling in any way unwell or have participated in at-risk behaviors. Even asymptomatic carriers of COVID-19 may endanger workers or other patrons.

_____ If I am someone considered High Risk for COVID-19 I will postpone my appointment for my own safety.

_____ I understand, read, and completed this waiver truthfully. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that this document is to provide the best possible guest experience when visiting Five Sirens. By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

I knowingly and willingly consent to having tattoo service(s) during the COVID-19 pandemic and any and all risks associated with visiting a tattoo shop and having this elective procedure. I agree to indemnify, defend, and hold harmless Five Sirens LLC, and Lauren Rose from and against any and all costs, expenses, damages, lawsuits and/or other liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, illness, loss or death from OF related to COVID-19.

Please sign and date _____