



# DISCLAIMER

I understand and accept the risks associated with a tattoo: infections, scars and potential allergic reactions caused by the inks, latex gloves and/or disinfectants.

I know that even though the utensils are sterile allergic reactions and/or infections may occur.

I agree to care for the tattoo according to the instructions given by Nini de Paris. Failure to follow the procedures could increase the risk of alteration or infection of the tattoo, and the costs to mend the tattoo will be extra (paid by the client).

Nini de Paris as an individual and/or business does not accept responsibility for medical consequences that are a result of the tattoo. (Allergies, infections, unconsciousness etc.).

I confess and assert that I am not under the influence of a controlled substance that could impair my judgement, that I am in possession of my full consciousness, and that the work done by Nini de Paris is done with my full consent.

I know that a tattoo is irreversible and I bear the full responsibility.

I authorize Nini de Paris to take pictures of me and my tattoo and to post the pictures on her webpage, social media account, and use it for the purpose of advertisement.

I understand that being late for an appointment will result in a surcharge and that I will be charged a minimum of 100.- CHF for cancelling an appointment with less than 48 hours notice.

I understand that the deposit is nonrefundable. Upon receipt of the deposit, work has already begun and the desired design will be created even in the event that I no longer wish to have the tattoo.

I understand that within six weeks after completion I may have Nini de Paris make small adjustments/corrections. After this period I will be charged according to regular prices.

Your address/e-mail will be used for promotional purposes (coupon, news, etc.) and will not be forwarded to third parties or other companies.

Please surround\*:

Are you: Pregnant Breastfeeding do you have Epilepsy Heart  
Circulatory Problems Hepatitis Allergies HIV ?

Other: .....

\*If information is withheld, leading to health or even life-threatening danger to the customer or the staff, legal action can be taken.

Jurisdiction is Zurich.

I read and understood everything.

## I'm agree:

Act .....

Locality ..... Date .....

Name ..... First name .....

Date of birth .....

E-Mail .....

Signature .....

## For minors:

Parent or legal guardian:

Name ..... First name .....

I allow my son/daughter to get  
a tattoo from Nini de Paris:

Signature .....